

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17649

1. Entity Name
WEIGHTS ON WHEELS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90295 011 ***150.00

Principal Place of Business

2109 LAKE BASS CIR
LAKE WORTH FL 33461

Mailing Address

2109 LAKE BASS CIR
LAKE WORTH FL 33461

00029594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 VENICE DR.

3. Mailing Address

300 VENICE DR.

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

House

City & State

BOYNTON BCH FL

City & State

BOYNTON BCH FL

4. FEI Number

65-0312490

Applied For

Not Applicable

Zip

Country

33426 U.S.

Zip

Country

33426 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, DANIEL J.
2109 LAKE BASS CIR
LAKE WORTH FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, DANIEL J. 2109 LAKE BASS CIR LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RYAN, CHRISTY B 2109 LAKE BASS CIRCLE LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Ryan / DANIEL J. RYAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 (561) 369-0037
Date Daytime Phone #

CR2E034 (10/00)