2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90151 017 ***150.00

DOCUMENT # V44695

1. Entity Name
ALTAMONTE WOMAN'S HEALTH & FITNESS, INC.

Principal Place of Business	Mailing Address
280 ST RD 434, STE 1049 ALTAMONTE SPGS FL 32714 US	280 STATE RD 434, STE 1049 ALTAMONTE SPGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4732 S. KIRKMAN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO, FL
Zip / Country	Zip 32811 / Country ORANGE

4. FEI Number 59-3128618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name PATTI JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
8541 CEDAR COVE DR.
City ORLANDO FL Zip Code 32819

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 ____________ 4-17-01
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: VPS NAME: PALLUCK, EDDIE M STREET ADDRESS: 102 SWEETWATER CLUB BLVD. CITY-ST-ZIP: LONGWOOD FL	☐ Delete	TITLE: TREASURER NAME: PATRICIA JOHNSON STREET ADDRESS: 8541 CEDAR COVE DR. CITY-ST-ZIP: ORLANDO, FL 32819	☐ Change ☒ Addition
TITLE: PT NAME: PALLUCK, BERNARD F STREET ADDRESS: 102 SWEETWATER CLUB BLVD. CITY-ST-ZIP: LONGWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ____________ 4-17-2001 407-293-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #