

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V45805**

1. Entity Name

THE OCALA WOMEN'S FITNESS AND WEIGHT LOSS CENTER

Principal Place of Business

2509 NE 3 STR
OCALA FL 34470
US

Mailing Address

2509 NE 3 STR
OCALA FL 34470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3134228**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRUITT, PATRICIA ANN
69 PINE TRACE COURSE
OCALA FL 32672**

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

TITLE **PT**
NAME **PRUITT, PATRICIA ANN**
STREET ADDRESS **2509 NE 3RD ST.**
CITY-ST-ZIP **OCALA FL**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS**
NAME **HUSTON, CLEO**
STREET ADDRESS **2509 NE 3RD ST.**
CITY-ST-ZIP **OCALA FL**

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
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CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Pruitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90312 048 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4-23-01 352-629-2224
Date Daytime Phone #