

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91009 018 ***150.00

DOCUMENT # V63605

1. Entity Name
THE SUPER SLOW EXERCISE GUILD, INC.

Principal Place of Business

**612 KENWICK CIR.
 STE. 205
 CASSELBERRY FL 32707**

Mailing Address

**612 KENWICK CIR.
 STE. 205
 CASSELBERRY FL 32707**

734083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

285 W Central PKWY

3. Mailing Address

285 W Central PKWY

Suite, Apt. #, etc.

#1732

Suite, Apt. #, etc.

#1732

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number **59-3144533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KENNETH M. HUCHINS
 612 KENWICK CIRCLE
 SUITE 205
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name
Kenneth M. Hutchins
 Street Address (P.O. Box Number is Not Acceptable)
285 W Central PKWY
#1732
 City
Altamonte Springs **FL** Zip Code
32714

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 **Kenneth M. Hutchins, President** **Kenneth M. Hutchins** **3/11/01**
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

TITLE **PVP** ☐ Delete
 NAME **HUTCHINS, KEN**
 STREET ADDRESS **612 KENWICK CIR. #205**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **ST** ☒ Delete
 NAME **HUTCHINS, BRENDA S**
 STREET ADDRESS **612 KENWICK CIRC. #205**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AVS/T/O** ☒ Change ☐ Addition
 NAME **Kenneth M. Hutchins**
 STREET ADDRESS **285 W Central PKWY #1732**
 CITY-ST-ZIP **Altamonte Springs 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Kenneth M. Hutchins, President** **3/11/01** **407 882 2552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0042839

CR2E034 (10/00)