

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91309 038 \*\*\*150.00

**DOCUMENT # P00000115170**

1. Entity Name

**ROCK BODY NUTRITION, INC.**



Principal Place of Business

Mailing Address

8967 TAFT STREET  
 PEMBROKE PINES FL 33024

8967 TAFT STREET  
 PEMBROKE PINES FL 33024

2. Principal Place of Business

**8967 TAFT STREET**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PEMBROKE PINES, FL**

City & State

-

4. FEI Number

**65-1063985**

Applied For

Not Applicable

Zip  
**33024**

Country

**USA**

Zip

-

Country

-

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OWOC, DARLENE**  
**8967 TAFT STREET**  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

**SAME**

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 reappointing)

DATE

*[Handwritten Signature]*  
 4/30/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>Pres.</b>			<input type="checkbox"/>
	<b>JOHN OWOC</b>			
		<b>DANIA, FL</b>	<b>33325</b>	
	<b>NICE PRES</b>			<input type="checkbox"/>
	<b>DARLENE OWOC</b>			
		<b>8967 TAFT STREET</b>	<b>PEMBROKE PINES, FL 33024</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>8967 TAFT STREET</b>			
		<b>PEMBROKE PINES FL</b>	<b>33024</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
 4/30/01

CR2E034 (10/00)