

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90071 002 ***150.00

DOCUMENT # P99000015646

1. Entity Name

AMERICANBODY, INC.

Principal Place of Business

Mailing Address

**8855 COLLINS AVENUE, NO. 1204
 SURFSIDE FL 33154**

**8855 COLLINS AVENUE, NO. 1204
 SURFSIDE FL 33154-3599**

908549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKSON, L. JAMES
 4707 140TH AVENUE, NORTH, SUITE 309
 CLEARWATER FL 33762**

Name **BRYAN DRESDEN**

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

2106 DREW STREET STE 103

City **CLEARWATER**

FL

Zip Code **33765**

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 *BRYAN DRESDEN, DIRECTOR* 1/15/00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DRESDEN, BRYAN L		NAME:	
STREET ADDRESS: 8855 COLLINS AVENUE, NO. 1204		STREET ADDRESS:	
CITY-ST-ZIP: SURFSIDE FL 33154		CITY-ST-ZIP:	
NAME: DRESDEN, SCOTT C M.D.		NAME:	
STREET ADDRESS: 222 MAMARONECK AVE., NO. 211		STREET ADDRESS:	
CITY-ST-ZIP: WHITE PLAINES NY 10605		CITY-ST-ZIP:	
NAME: SCHAFF, RICHARD		NAME:	
STREET ADDRESS: 27 OUTRIGGER NO.2		STREET ADDRESS:	
CITY-ST-ZIP: MARINA DEL REY CA 90292		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *BRYAN DRESDEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

DATE

305 632-6310

DAYTIME PHONE #

CR2E034 (9/99)