

DOCUMENT # P99000082719

1. Entity Name
BODIES BEST INTERNATIONAL, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90041 034 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
13114 HAZELCREST ST. 13114 HAZELCREST ST.
SPRING HILL FL 34609 SPRING HILL FL 34609

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 **59-3573443** Applied For Not Applicable
5. Certificate of Status Desired **X** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADLER, ANDREW L
633 N. FRANKLIN ST.
STE 601
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name **ADLER, ANDREW L**
Street Address (P.O. Box Number is Not Acceptable) **3521 Henderson BLVD**
City **TAMPA FL 33609**

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 *Change of address only applies*
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	PDC <input type="checkbox"/> Delete
NAME	SHAWKEY, GARY A
STREET ADDRESS	13114 HAZELCREST ST.
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWKEY, GARY A
STREET ADDRESS	13114 HAZELCREST ST
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	Director
NAME	SHAWKEY, GARY A
STREET ADDRESS	13114 HAZELCREST ST
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROSSER, NORMAN R
STREET ADDRESS	2372 OJIBWAY ROAD
CITY-ST-ZIP	KAMLOOPS, BC Canada V2H1P1
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, REIGHARD
STREET ADDRESS	415 South 2nd St
CITY-ST-ZIP	Washington, VA 22353
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWKEY, STEPHANIE R
STREET ADDRESS	13114 Hazelcrest St
CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROSSER, Debbie
STREET ADDRESS	2372 OJIBWAY RD
CITY-ST-ZIP	KAMLOOPS, BC Canada V2H1P1

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: *Gary Shawkey, President* **1/3/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)