2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-06-2002 90289 007 ***150.00 RUSS & BOB'S BODY SHOP, INC. Principal Place of Business Mailing Address 2218 N. DIXIE HIGHWAY 2218 N. DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1589436 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ≥ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRADDOCK, RUSSELL H Street Address (P.O. Box Number is Not Acceptable) 3570ETST 3546 nw Deer Oak wrive DANIA FL 33004 Jensen Beach, 2l 34957 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete NAME CRADDOCK, PATRICIA A NAME 357-3E-7-ST 3546 NW DEER OAK DRIVE STREET ADDRESS STREET ADDRESS CITY ST-ZIP BANKA, FL 00000 JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME CRADDOCK, RUSSELL H 357-6E 7-ST 3546 NW DEER OOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BANIA, FL. 2000) Jensen Beach FL 34957 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

CITY-ST-ZIP

10055ELL H. CRADDOCK 4-19-02 (954) 922-4653

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