

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 612901**

1. Entity Name

B & S BODY SHOP, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90021 039 ***150.00

0013577

Principal Place of Business Mailing Address
3261 PHILIPS HWY **3261 PHILIPS HWY**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207**
US **US**

00004462



DO NOT WRITE IN THIS SPACE

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 59-1907887		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHEIDER, LEWIS 3261 PHILIPS HWY JACKSONVILLE FL 32207		Name	
		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 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 State10. 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	
TITLE	T	TITLE	
NAME	SCHEIDER, BETTY	NAME	
STREET ADDRESS	3261 PHILIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	SCHEIDER, LEWIS	NAME	
STREET ADDRESS	3261 PHILIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SCHEIDER, LEWIS II	NAME	
STREET ADDRESS	3261 PHILIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	ANDERSON, BELINDA	NAME	
STREET ADDRESS	3261 PHILIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 2207	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

Belinda S. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Belinda S. Anderson

1/11/01

Date

(904) 399-4881

Daytime Phone #

CR2E034 (10/00)