

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 672106**1. Entity Name
I'M A BODY EXERCISE STUDIO, INC.Principal Place of Business
6185 JAG RD
LAKE WORTH FL 33467
Mailing Address
6185 JAG RD
LAKE WORTH FL 334672. Principal Place of Business
6185 JOG ROAD3. Mailing Address
6185 JOG RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FLCity & State
LAKE WORTH FL4. FEI Number
59-2008450Applied For
Not ApplicableZip Country
33467 USZip Country
33467 US5. 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

HUBSCHER, DONNA A
6185 JAG RD

LAKE WORTH FL 33467

Name
HUBSCHER DONNA APTDStreet Address (P.O. Box Number is Not Acceptable)
6185 JOG RD.City
LAKE WORTH FL Zip Code
33467

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 **DONNA A. HUBSCHER**

04/26/2001

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 S ☐ Delete
NAME BUTLER, BRANT A.
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP W PALM BCH FLTITLE S ☒ Change ☐ Addition
NAME BUTLER BRANT AS
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP WEST PALM BEACH FL 33411TITLE VP ☐ Delete
NAME HUBSCHER, TAYLOR M.
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FLTITLE VP ☒ Change ☐ Addition
NAME HUBSCHER TAYLOR MVP
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407TITLE VP ☐ Delete
NAME HUBSCHER, BONNIE J.
STREET ADDRESS 171 LAKE ARBOR DR.
CITY-ST-ZIP PALM SPRINGS FLTITLE VP ☒ Change ☐ Addition
NAME HUBSCHER BONNIE JVP
STREET ADDRESS 171 LAKE ARBOR DR.
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE PTD ☐ Delete
NAME HUBSCHER, DONNA A
STREET ADDRESS 1014 MANOR DR.
CITY-ST-ZIP PALM SPRINGS FLTITLE PTD ☒ Change ☐ Addition
NAME HUBSCHER DONNA APTD
STREET ADDRESS 1014 MANOR DR.
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **BRANT A. BUTLER**

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)