

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006806****1. Entity Name**
BACK BRACING CONCEPTS, INC.

02 OCT 16 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business**21513 LITTLEBROOK WAY
CLEVELAND OH 44149
US**Mailing Address**21513 LITTLEBROOK WAY
CLEVELAND OH 44149
US**2. Principal Place of Business**2349 Covington Drive
Suite, Apt. #, etc.**3. Mailing Address**2349 Covington Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip 33763

Country USA

Zip 33763

Country USA

4. FEI Number 34-1717074**Applied For**

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**LEBRON, SANDRA L
101 S. OLD COACHMAN RD., #501
CLEARWATER FL 33765**7. Name and Address of New Registered Agent**

Name LEBRON, SANDRA L.

Street Address (P.O. Box Number is Not Acceptable)
2349 Covington Drive

City Clearwater FL Zip Code 33763

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**TITLE PT
NAME LEBRON, REBECCA ☐ Delete
STREET ADDRESS 21513 LITTLEBROOK WAY
CITY-ST-ZIP CLEVELAND OH 44138TITLE VS
NAME LEBRON, SANDRA ☐ Delete
STREET ADDRESS 101 S OLD COACHMAN RD, 501
CITY-ST-ZIP CLEARWATER FL 33765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PT ☒ Change ☐ Addition
NAME LEBRON, REBECCA
STREET ADDRESS 1169 HOWLAND WILSON ROAD N.E.
CITY-ST-ZIP WARREN, OHIO 44484TITLE VS ☒ Change ☐ Addition
NAME LEBRON, SANDRA
STREET ADDRESS 2349 COVINGTON DRIVE
CITY-ST-ZIP CLEARWATER, FLORIDA 33763TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

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