

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K40509**

1. Entity Name
PERSONAL BODY TRAINERS, INC.

Principal Place of Business

C/O SANDY A. LEVITT
950 PINTO CIRCLE
NOKOMIS FL 34275
US

Mailing Address

C/O SANDY A. LEVITT
950 PINTO CIRCLE
NOKOMIS FL 34275
US

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

65-0076443

Applied For

Not Applicable

5. 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

LEVITT, SANDY A.
2201 RINGLING BLVD., #203
SUITE 112-C
SARASOTA FL 34237

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **NELSON, ANGIE T.** — **NAME CHANGE**
STREET ADDRESS **950 PINTO CIRCLE**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **ANGIE T. PROCTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SEE, JULIA** **Address change**
STREET ADDRESS **HC 30 BOX 47**
CITY-ST-ZIP **PETERSBURG WV 26847**

TITLE ☐ Change ☐ Addition
NAME **410 Palmetto CL. #9**
STREET ADDRESS **VENICE FL 34285**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ 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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGIE T. PROCTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 046 ***550.00



DO NOT WRITE IN THIS SPACE

0128889 AT

CR2E034 (5/01)