

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90003 027 \*\*\*550.00

DOCUMENT # **K54265**

1. Entity Name  
**BODIES BY BOB, INC.**

Principal Place of Business  
**6054 FOREST HILL BLVD.  
 #209  
 WEST PALM BEACH FL 33415**

Mailing Address  
**6054 FOREST HILL BLVD.  
 #209  
 WEST PALM BEACH FL 33415**

2. Principal Place of Business  
**P.O. BOX 767**

3. Mailing Address  
**P.O. BOX 767**

Suite, Apt. #, etc.

City & State  
**LOXAHATCHEE FL.**

City & State  
**LOXAHATCHEE FL.**

Zip Country  
**33470 USA**

Zip Country  
**33470 USA**

4. FEI Number **65-0111485** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HEIL, ROBERT H  
 6054 FOREST HILL BLVD.  
 #209  
 WEST PALM BEACH FL 33415**

Name **HEIL, ROBERT H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**P.O. BOX 767 of 20433 Marietta**  
 City **LOXAHATCHEE FL** Zip Code **33470**

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 *Robert H. Heil*

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT HEIL, ROBERT H 6054 FOREST HILL BLVD. #209 WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert H. Heil* **7/21/00** **561-753-6671**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)