

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90073 024 ***150.00

DOCUMENT # K54265
 1. Entity Name
BODIES BY BOB, INC.

Principal Place of Business PO BOX 767 LOXAHATCHEE FL 33470	Mailing Address PO BOX 767 LOXAHATCHEE FL 33470
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2. Principal Place of Business 11091 S.E. CR 337	3. Mailing Address 11091 S.E. CR 337
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DUNNELLO, FL	City & State DUNNELLO, FL
Zip 34431	Zip 34431
Country USA	Country USA

4. FEI Number 65-0111485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HEIL, ROBERT H
PO BOX 767
20453 MOVIE COURT
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent
 Name **HEIL, ROBERT H.**
 Street Address (P.O. Box Number is Not Acceptable)
11091 S.E. CR 337
 City **DUNNELLO** FL Zip Code **34431**

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PDT	<input type="checkbox"/> Delete
NAME HEIL, ROBERT H	
STREET ADDRESS 6054 FOREST HILL BLVD. #209	
CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEIL ROBERT H	
STREET ADDRESS 11091 S.E. CR 337	
CITY-ST-ZIP DUNNELLO, FL. 34431	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert H. Heil Date: 1/22/01 Daytime Phone #: 352-465-1651

CR2E034 (10/00)