

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010890**

1. Entity Name  
**ACU-BODY THERAPIES, L.L.C.**

Principal Place of Business  
**C/O 5618-B N.W. 43RD STREET  
GAINESVILLE FL 32653**

Mailing Address  
**C/O 5618-B N.W. 43RD STREET  
GAINESVILLE FL 32653**

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

**593667673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WIDMER, DEETA I  
C/O 5618-B N.W. 43RD STREET  
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

Name **GINNAN OLMSTEAD**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O 5618-B NW 43RD ST  
GAINESVILLE**  
City **FL** Zip Code **32653**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**MANAGING MEMBER  
GINNAN OLMSTEAD  
C/O 5618-B NW 43RD ST  
GAINESVILLE FL 32653**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**300003309188-01  
-03/26/01--01081--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)