

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017861

1. Entity Name

BODY EASE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 4 PM 2:19

Principal Place of Business 2459 SHADECREST RD. LAND O' LAKES FL 34639	Mailing Address 2459 SHADECREST RD. LAND O' LAKES FL 34639
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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 61-00-050057-20	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

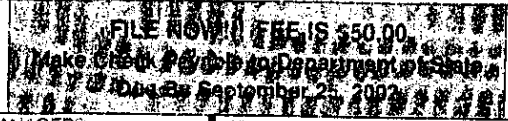
7. Name and Address of New Registered Agent

TAYLOR, PATRICIA A
2459 SHADECREST RD.
LAND O' LAKES FL 34639

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

SIGNATURE Patricia A. Taylor DATE 9-12-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME mgm Patricia Ann Taylor <input type="checkbox"/> Delete	STREET ADDRESS 2459 Shadecrest Rd Land O'Lakes, FL 34639
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS

TITLE NAME Patricia Ann Taylor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 2459 Shadecrest Rd Land O'Lakes, FL 34639
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS

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: Patricia A. Taylor DATE 9-12-02 (813) 996-5764