

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006539

1. Entity Name

YOUR BODY BEAUTIFUL L.L.C.

FILED

00 MAR 21 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

503 WEST BAYA AVENUE, STE 2
LAKE CITY FL 32025

Mailing Address

503 WEST BAYA AVENUE, STE 2
LAKE CITY FL 32025-5217

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCCLURE, YVONNE N
503 WEST BAYA AVENUE, STE 2
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

N/A

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 N/A

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 MGRM
NAME MCCLURE, YVONNE N
STREET ADDRESS 503 WEST BAYA AVE, STE 2
CITY-ST-ZIP LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

NONE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300003183873--0
-03/24/00--01114--021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300003183873--0
-03/24/00--01114--022

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

*****5.00 *****5.00

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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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:

Yvonne N. McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

YVONNE N. MCCLURE

904-754-0006

Date

Daytime Phone #