

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008318

1. Entity Name
NATURAL BODY PERFECTION, LLC

Principal Place of Business

2119 BOOT LAKE CIRCLE
TAMPA FL 33612

Mailing Address

2119 BOOT LAKE CIRCLE
TAMPA FL 33612-6510

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

59-3620742

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN OUWERKERK, ROBERT
2119 BOOT LAKE CIRCLE
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

800003266898-2

-05/25/00--01076--015

City

*****55.00 *****55.00
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

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☒ Change ☐ Addition
MANAGER
NORA WENNEGERS
10314 CARROLL COVE PLACE
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☒ Change ☐ Addition
MANAGER
JOHANNES GROENEWEG
10314 CARROLL COVE PLACE
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☒ Change ☐ Addition
MANAGER
ROBERT VAN OUWERKERK
2119 BOOT LAKE CIRCLE
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
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CITY- ST- ZIP ☐ Delete

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

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:

NATURAL BODY PERFECTION, LLC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 (813) 931-4248
Date Daytime Phone #

APPROVED
AND
FILED

00 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)