

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000004263**

1. Entity Name

ELITE BODY CONCEPTS, INC.

Principal Place of Business

**3438-19 EAST LAKE ROAD
PALM HARBOR FL 34685**

Mailing Address

**3438-19 EAST LAKE ROAD
PALM HARBOR FL 34685**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3615811

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LA BUA, MICHAEL
3438-19 EAST LAKE ROAD
PALM HARBOR FL 34685**

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.

SIGNATURE

Michael LaBua

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-019. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☐ Delete
NAME **LA BUA, MICHAEL**
STREET ADDRESS **1389 PINE RIDGE CIR., EAST B**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **LA BUA, DOREEN**
STREET ADDRESS **1389 PINE RIDGE CIR., EAST B**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **ORA, MEL**
STREET ADDRESS **3438-19 EAST LAKE ROAD**
CITY-ST-ZIP **PALM HARBOR FL 34685**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Michael LaBua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LA BUA, PRES.

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90214 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)