

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005081

1. Entity Name

CHRIST CENTERED BODYWORK, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90185 033 ***150.00

Principal Place of Business

31026 NOCATEE TRAIL
 SORRENTO FL 32776-8907

Mailing Address

31026 NOCATEE TRAIL
 SORRENTO FL 32776-8907

2. Principal Place of Business

450 Hillcrest Court

Suite, Apt. #, etc.

3. Mailing Address

450 Hillcrest Court

Suite, Apt. #, etc.

City & State

Mt. Dora FL

Zip

32757

Country

USA

City & State

Mt. Dora FL

Zip

32757

Country

USA

4. FEI Number

59-3619295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Teresa Mann

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

31016 NOCATEE TRAIL

City

SORRENTO

FL

Zip Code

32776

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

Teresa Mann, TERESA MANN

4/30/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE PSTD
 NAME LEVY, JOANNA
 STREET ADDRESS 31026 NOCATEE TRAIL
 CITY-ST-ZIP SORRENTO FL 32776-8907 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME DAVIS, JOANNA
 STREET ADDRESS 450 Hillcrest Court
 CITY-ST-ZIP Mt. Dora, FL 32757 ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 of 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:

Joanna Davis, JOANNA DAVIS

4/30/01

352-385-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)