2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000006790**

1. Entity Name
BODY ZONE OF LAKE WALES, INC.

Principal Place of Business	Mailing Address
ONE SCENIC CENTRAL,STE.106	ONE SCENIC CENTRAL,STE.106
LAKE WALES FL	LAKE WALES FL
22853	22853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
ONE SCENIC CENTRAL,STE.106		ONE SCENIC CENTRAL,STE.106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKE WALES FL		City & State: LAKE WALES FL	
Zip: 33853	Country	Zip: 33853	Country

4. FEI Number **59-3624529** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER STEPHANIE R
ONE SCENIC CENTRAL,STE.106
LAKE WALES FL
22853

7. Name and Address of New Registered Agent

Name
MAYER STEPHANIE R
Street Address (P.O. Box Number is Not Acceptable)
ONE SCENIC CENTRAL,STE.106
City
LAKE WALES **FL** Zip Code 33853

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 **STEPHANIE R MAYER** 04/02/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MRS	☐ Change ☒ Addition
NAME	GLOYD YVONNE DSECRETA	
STREET ADDRESS	ONE SCENIC CENTRAL SUITE 106	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	MRS	☐ Change ☒ Addition
NAME	MAYER STEPHANIE RPRESIDE	
STREET ADDRESS	ONE SCENIC CENTRAL SUITE106	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Stephanie R. Mayer Mrs 04/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #