2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
02-08-2001 90045 035 ***150.00

DOCUMENT # P00000042024

1. Entity Name
BODY BY KRISTI, INC.

Principal Place of Business	Mailing Address
471 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937	471 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 EAST EAU Gallie Blvd.	777 EAST EAU Gallie Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indian Harbour Bch	City & State: Indian Harbour Bch
Zip: 32937 Country:	Zip: 32937 Country:

59-3644412

4. FEI Number 59-3644412 (59-3644412) ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, KRISTI
471 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

8. The above named entity submits this statement for the purpose of changing its re

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! After MAY 1, 200 Make Check Payable

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FOWLER, KRISTI	
STREET ADDRESS	471 LANTERNBACK ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

The FEI # is 59-3644412 which is what is in the box. Any questions, call me (321) 773-5099. Kristi

CR2E034 (10/00)

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: Kristina M Fowler KRISTINA M FOWLER 02/02/01 3217735099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #