2/8

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
471 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

Mailing Address
471 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

2. Principal Place of Business: 111 EAST EAU Gallie Blvd.
Suite, Apt. #, etc.
City & State: Indian Harbour Bch
Zip: 32937
Country

3. Mailing Address: 111 EAST EAU Gallie Blvd.
Suite, Apt. #, etc.
City & State: Indian Harbour Bch
Zip: 32937
Country

DO NOT WRITE IN THIS SPACE

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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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 — 321 773 5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #