

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000047122**1. Entity Name  
**BODIS, INC.****FILED****01 OCT 11 AM 9:14****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business  
**P.O. BOX 4690  
KEY WEST FL 33041**Mailing Address  
**P.O. BOX 4690  
KEY WEST FL 33041**

2. Principal Place of Business

**P.O. Box 4690**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 4690**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**KEY WEST, FL**Zip  
**33041**

Country

**MONROE**

City &amp; State

**KEY WEST, FL**Zip  
**33041**

Country

**MONROE**

4. FEI Number

**65-1006106**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SAVICKY, ROBERT  
201 WILLIAMS ST.  
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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

*Robert L. Savicky*

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

(NOTE: Registered Agent signature required when re-registering)

**10/7/01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **OWNER** ☐ Delete  
NAME **ROBERT L. SAVICKY**  
STREET ADDRESS **201 WILLIAM ST**  
CITY-ST-ZIP **KEY WEST, FL. 33040**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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)(f), 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:

*Robert L. Savicky* **ROBERT L. SAVICKY****9/10/01**

Date

**923-5572**

Daytime Phone #

0110000 AT

CR2E034(5/01)