

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094221

1. Entity Name

BODY WORKS, INC.

Principal Place of Business

407 N. WEST STREET  
BUSHNELL FL 33513

Mailing Address

407 N. WEST STREET  
BUSHNELL FL 33513

2. Principal Place of Business

121 W. BELT AVE.

3. Mailing Address

P.O. Box 385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUSHNELL FL

City & State

BUSHNELL FL

Zip

33513

Country

USA

Zip

33513

Country

USA

4. FEI Number

65-1051788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name CHRISTINA L. LACKAY

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

407 N. WEST STREET

City

BUSHNELL

FL

Zip Code

33513

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 Christina L. Lackay CHRISTINA L. LACKAY, ST 4/10/01

Signature, typed or printed name of registered agent and use 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 P ☐ Delete  
NAME MOFFITT, DAVID E  
STREET ADDRESS 316 E. NOBLE AVENUE  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE V ☐ Delete  
NAME LACKAY, MATTHEW E  
STREET ADDRESS POST OFFICE BOX 416  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ST ☐ Delete  
NAME LACKAY, CHRISTINA L  
STREET ADDRESS POST OFFICE BOX 416  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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)(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:

Christina L. Lackay  
CHRISTINA L. LACKAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

352-793-5813

Daytime Phone #

0514388

CR2E034 (10/00)

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90011 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE