

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000104735**

1. Entity Name

BODY MAX OF OCALA, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90018 033 ***150.00

Principal Place of Business

2801 S.W. 20TH STREET
UNIT #103
OCALA FL 34474

Mailing Address

2801 S.W. 20TH STREET
UNIT #103
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

1960 SE 150th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Summerfield, FL

Zip

Country

Zip
34491Country
MARION

4. FEI Number

59-3681946

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWITT, GERALD
2801 S.W. 20TH STREET
UNIT #103
OCALA FL 34474

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DEWITT, GERALD	12700 S.E. U.S. HIGHWAY 441	BELLEVIEW FL 34420-4568						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KALB, SCOTT	1960 S.E. 150TH STREET	SUMMERFIELD FL 34491						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gerald Dewitt GERALD DEWITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/01 1-352-291-2639

Daytime Phone #

CR2E034 (10/00)