

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90265 046 ***150.00

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DOCUMENT # P00000104735

1. Entity Name
BODY MAX OF OCALA, INC.



Principal Place of Business
**2801 S.W. 20TH STREET
UNIT #103
OCALA FL 34474**

Mailing Address
**1960 SE 150TH ST.
SUMMERFIELD FL 34491**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3681946**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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 **SCOTT KALB**
Street Address (P.O. Box Number is Not Acceptable)
1960 S.E. 150 STREET
City **Summerfield** FL Zip Code **34491**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4-23-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	SCOTT Kalb D/PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT KALB
STREET ADDRESS	1960 S.E. 150 ST
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D / VICE PRES / SEC / T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APRIL KALB
STREET ADDRESS	1960 S.E. 150 ST
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4-23-03** DAYTIME PHONE # **352-572-6889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)