

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018332

1. Entity Name

THE BODY SPA SALON, INC.

Principal Place of Business

16512 NORTH FLORIDA AVENUE
LUTZ FL 33549

Mailing Address

16512 NORTH FLORIDA AVENUE
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-345457A

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
100 S ASHLEY DRIVE SUITE 1500
TAMPA FL 33602

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE	D	NAME	VIKRORA, STACY J	<input type="checkbox"/> Delete	TITLE	NAME	VIKRORA, STACY J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 20404				STREET ADDRESS	3653 Elk Grove Ct.		
CITY-ST-ZIP	TAMPA FL 33622				CITY-ST-ZIP	Land O Lakes, FL 34639		
TITLE		NAME		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP					CITY-ST-ZIP			
TITLE		NAME		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP					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:

Stacy J. VIKRORA 1/22/02 813-961-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #