

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90326 039 ***150.00

2424143 AV

DOCUMENT # P01000025093

1. Entity Name
BODY VENTURE, INC.

Principal Place of Business Mailing Address

~~P.O. BOX 24491~~ ~~P.O. BOX 24481~~
TAMPA FL 33623-4491 **TAMPA FL 33620-4481**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address **1013 APOLLO BEACH**

~~205 N. WESTLAND AVE~~ ~~P.O. BOX 24491 #5~~

Suite, Apt. #, etc. Suite, Apt. #, etc.
1013 APOLLO BEACH BLVD #5 **#5**

City & State City & State

~~TAMPA FL~~ ~~FL APOLLO BEACH, FL~~ ~~TAMPA FL~~ ~~FL APOLLO BEACH, FL~~

Country Zip Country
~~Hillsborough~~ ~~33623-4491~~ ~~Hillsborough~~

4. FEI Number Applied For

59-3709682 Not Applicable

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

6. Name and Address of Current Registered Agent

AUMAN, DIANE L
1301 NSOUTH HOWARD APT C-8
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **DIANE L AUMAN**

Street Address (P.O. Box Number is Not Acceptable)
205 N. WESTLAND AVE
1013 APOLLO BEACH BLVD #5 **33572**

City **TAMPA APOLLO BEACH** **FL** ~~33606~~

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 **DIANE L. AUMAN President** (NOTE: Registered Agent signature required when reinstating) DATE **3/1/02 4/14/02**

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

TITLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> Delete
NAME	AUMAN, DIANE L
STREET ADDRESS	P.O. BOX 24491
CITY-ST-ZIP	TAMPA FL 33623-4491
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VIC PRESIDENT / CEO / VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE K. FERKIS
STREET ADDRESS	205 N. WESTLAND AVE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP MIKE K FERKIS
STREET ADDRESS	1013 APOLLO BEACH BLVD #5
CITY-ST-ZIP	APOLLO BEACH, FL 33572
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	

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: DATE **4/14/02** DAYTIME PHONE # **(813) 791-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)