

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90067 020 ***150.00

DOCUMENT # P01000054057

1. Entity Name
TOTAL BODY REJUVENATION INC.

Principal Place of Business

3585 E. SANDPIPER DR., #2
BOYNTON BEACH FL 33436

Mailing Address

3585 E. SANDPIPER DR., #2
BOYNTON BEACH FL 33436

2. Principal Place of Business

3585 E. Sandpiper Dr. #2

Suite, Apt. #, etc.

Boynton Beach, FL.

Zip

33436

Country

U.S.A

3. Mailing Address

P.O. Box 243396

Suite, Apt. #, etc.

Boynton Beach, FL.

Zip

33436

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEL Number

65-1111853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Roberta K. MacDonell
3585 E. Sandpiper Dr. #2

City Boynton Beach

FL

Zip Code 33436

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]

[Signature]

DATE

3-13-02

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	owner	<input checked="" type="checkbox"/> Delete
NAME	Roberta MacDonell	
STREET ADDRESS	3585 E. Sandpiper Dr. #2	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	owner/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth MacDonell	
STREET ADDRESS	3585 E. Sandpiper Dr. #2	
CITY-ST-ZIP	Boynton Beach, FL 33436	
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		
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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 19.07(3)(a), 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:

[Signature]

Date

3-13-02
561-389-8050

CR2E034 (9/01)