## **2002 UNIFORM BUSINESS REPORT (UBR)**

#### Feb 27, 2002 8:00 am Secretary of State P01000068195 DOCUMENT # 1. Entity Name TOTAL BODY CARE, INC. 02-27-2002 90060 033 \*\*\*150.00 Mailing Address Principal Place of Business 1812 GRANDE ISLE CIRCLE, APT 324B 1812 GRANDE ISLE CIRCLE, APT 324B ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address 612 ELLSWORTH STREET 612 ELLSWORTH STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Applied For 4. FEI Number City & State 59-3729694 ALTÁMONTE SPRINGS, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32701 SEMINOLE 32701 SEMINOLE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVLIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 512 ELLSWORTH STREET 1812 GRANDE ISLE CIRCLE, APT 324B ORLANDO FL 32810 ALTAMONTE SPRINGS 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DP ☐ Delete TITLE X Change ☐ Addition TITLE NAME DEVLIN, MICHAEL NAME DEVLIN, MICHAEL STREET ADDRESS 1812 GRANDE ISLE CIRCLE, APT 324B STREET ADDRESS 612 ELLSWORTH STREET CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP <u> ALTAMONTE SPRINGS. FL 32701</u> Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Date

Daytime Phone #

FILED

Ohab and Company, PA

100 E. Sybelia Ave. Ste. 130 Maitland, FL 32751

Certified Public Accountants E-Mail: ohabco@gte.net Phone 407-740-7311 Fax 407-740-6441

### **2002 UNIFORM BUSINESS REPORT**

# **TOTAL BODY CARE, INC.**

### FORM (UBR) UNIFORM BUSINESS REPORT FILINGS

X	Enclosed you will find your copy of this report. Please sign and date the <b>original</b> (also enclosed) and mail in the envelope provided on or before <b>MAY 1, 2002.</b> Enclose a check made payable to <b>DEPARTMENT OF STATE</b> in the amount of \$150.00.							
Comments:								
-								

2002 UNIFORM BUSINESS REPORT (UB	R)
----------------------------------	----

1. Entity Nam		0068195	5	-		413568	<i>(</i>			
Principal Place of Business Mailing Address  1812 GRANDE ISLE CIRCLE, APT 3248  ORLANDO FL 32810  Mailing Address  1812 GRANDE ISLE CIRCLE, APT 324  ORLANDO FL 32810						18 <b>2</b>   188    118 <b>  1</b> 28   188   <b>1</b> 28	CONTROL CONTROL (		1828 ( 838 4 <b>82</b> )	
	Place of Business SWORTH STREET # etc.	3. Mailing Address 612 ELLSWORTH STREET State, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat ALTAMON Zip	TE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL Zip Country				1. FEI Number 59-3729694	ça.	<del></del>	oplied For ot Applicable	
32701	SEMINOLE	32701		INOLE	5	<ol> <li>Certificate of Status Desire</li> </ol>		Require		
	6. Name and Address of Current F	Registered Agent		None -	7	. Name and Address of Nev	w Registered Agen	1		
DEM IN A	(ICUAE)			Name		•		· 		
DEVLIN, M	NDE ISLE CIRCLE, APT 324B			- Street. А 612 - Е	adress.42.C	)Box-Number-is-Not-Accepta TH STREET	abie)			
	FL 32810			<u> </u>	шинопол	III OIIIIDI			-	
OFILARDO	1 6 320 10			City			<b>—.</b> T	in Cod		
				AĽŤAM	ONTE S	PRINGS	FL	10 Cod 1270	ĺ	
8. The above	named entity submits this statement for	the purpose of changing its	registere				Florida.		:	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd the if applicable. (NOT)	E Registered	: Agent signati	ure required whe	in reinstating)	DATE			
🧸 Tax filling r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1; 20 Make Check Payat	02 Fee	will be \$5	50.00	10. Election Campaign Trust Fund Contribu	~		<b>0</b> May Be I to Fees	
<sup>2</sup> 11.	OFFICERS AND E		12.			ADDITIONS/CHANGES TO C			3 IN 11	
TATLE	D	☐ Delete	TITLE NAME		DP	MEGHADI	X (	hange	Addition :	
NAME STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 1812 GRANDE ISLE CIRCLE, APT 324B			T ADDRESS	612 EL	LIN, MICHAEL ELLSWORTH STREET AMONTE SPRINGS, FL 32701				
TITLE		☐ Delete	TITLE		ADIANO	HIB DIRLINGO, FB		hange	Addition	
NAME STREET ADDRESS			NAME					·		
CITY+ST-ZIP				IT ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE					hange	Aggition	
STREET ACCRESS			4	F 400RESS ST-DIP					,	
TITLE		☐ Delete	TITLE					Change	Addition '	
NAME	The second secon		FNAME			<del></del>	<del>, , </del>	<del></del>	<del></del> ,	
STREET 4DORESS CNT7+3T+ZIP			1	T 400AESS ST-ZIP						
TITLE		☐ Delete	FITLE					hange	Addition	
MANE -			HAME						1	
STREET ADDRESS   CITY - ST - ZIP			1	T 400RESS ST-EIP						
		Delete	TITLE					hange	Addition .	
MAME		□1 nelete	NAME				(	unige	ا المحادث ال	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				5T - ZIP .						
13. I hereby o	ertify that the information supplied with to on this report or supplemental report is	his filing does not qualify for	the exer	notion stature shall ha	ed in Section	n 119.07(3)(i), Florida Statute le legal effect as if made und	es. I further certify the er oath: that I am an	at the in officer	formation or director	

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #