

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90164 046 \*\*\*550.00

**DOCUMENT # P01000068195**

1. Entity Name  
**TOTAL BODY CARE, INC.**



Principal Place of Business  
**612 ELLSWORTH STREET  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**612 ELLSWORTH STREET  
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business  
**Wink Park Athletic Club**

3. Mailing Address

Suite, Apt. #, etc.  
**1111 East State Rd 436**

Suite, Apt. #, etc.

City & State  
**Casselberry FL**

City & State

Zip  
**32707**

Country  
**USA**

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3729694**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEVLIN, MICHAEL  
612 ELLSWORTH STREET  
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name  
**Devlin Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 Sunshower CT**  
City  
**Casselberry** FL Zip Code  
**32707**

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 **Michael B Devlin**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/9/03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OP  
DEVLIN, MICHAEL  
612 ELLSWORTH STREET  
ALTAMONTE SPRINGS FL 32701** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CBO  
Devlin Michael  
201 Sunshower CT  
Casselberry FL 32707** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Michael B Devlin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/03**  
Day

Daytime Phone #

CR2E034 (4/03)