

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90183 028 ***150.00

DOCUMENT # **PO1000084678**

1. Entity Name

**FUTURE SHAPE TONING, TANNING,
WEIGHT LOSS, INC**

DO NOT WRITE IN THIS SPACE

123671

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

593736479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ELLIOTT T. LERDO

Street Address (P.O. Box Number is Not Acceptable)

122 OAK LANE

ORMOND BEACH

City

FL

Zip Code

32174

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

8/5/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	LERDO, MAMMY A	122 OAK LANE	ORMOND BEACH FL 32174
	LERDO, ELLIOTT	122 OAK LANE	ORMOND BEACH FL 32174

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT T. LERDO

Date

Daytime Phone #

8/5/02

8/5/02

Attachment

123671

To who it may CONCERNE:

WE DID NOT Receive the
PREVIOUS NOTICES FOR OUR
~~Report~~ WE ARE SORRY, BUT
it is our FIRST year AND
WE ARE Learning ALL THE Legalties.
Please Accept this Payment of
\$15000 For Reinstatement of
OUR paper work.

Thanks
