

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90673 003 ***158.75

00293939 AV

DOCUMENT # P01000094341

1. Entity Name
BODY'S, INC.

Principal Place of Business Mailing Address
4090 HODGES BLVD APT 205 **4090 HODGES BLVD APT 205**
JACKSONVILLE FL 32224 **JACKSONVILLE FL 32224**

2. Principal Place of Business 3. Mailing Address
4090 HODGES Blvd **4090 HODGES Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3012 **3012**

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL.**
 Zip Country Zip Country
32224 **32224** **32224** **32224** **32224**

4. FEI Number Applied For
59-3748819 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KALINOWSKI, IZABELA
4090 HODGES BLVD APT 205
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent
 Name **KALINOWSKI, IZABELA**
 Street Address (P.O. Box Number is Not Acceptable)
4090 HODGES Blvd. APT 3012
 City **JACKSONVILLE** **FL** Zip Code **32224**

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 *IZABELA KALINOWSKI* **KALINOWSKI, IZABELA** **APR.01/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | PTSD KALINOWSKI, IZABELA 4090 HODGES BLVD APT 205 JACKSONVILLE FL 32224 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *IZABELA KALINOWSKI* **KALINOWSKI, IZABELA** **APR01/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)