

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000113984

FILED
Sep 04, 2002
Secretary of State

Entity Name: BODY ESSENTIALS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4049 MOORE LAKE RD
DOVER, FL 33527

New Principal Place of Business:

1755 WEST BRANDON BLVD
BRANDON, FL 33511

Current Mailing Address:

4049 MOORE LAKE RD
DOVER, FL 33527

New Mailing Address:

PO BOX 09
DOVER, FL 33527

FEI Number: 03-0381608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, BUDDY D PA
115 N. MACDILL AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORTH, CAROL A
Address: 4049 MOORES LAKE RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WORTH, CAROL A
Address: PO BOX 09
City-St-Zip: DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WORTH

PRES

09/04/2002

Electronic Signature of Signing Officer or Director

Date