

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114968

FILED  
Apr 28, 2002 8:00 AM  
Secretary of State

**Entity Name:** NEW BODY FITNESS & REHAB, INC.

**Current Principal Place of Business:**

2415 - 19TH STREET E.  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2415 - 19TH STREET E.  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, BOBBY G  
2415 - 19TH STREET E.  
BRADENTON, FL 34208

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: WILLIAMS, BOBBY G PRES.  
Address: 2415 19 STREET EAST  
City-St-Zip: BRADENTON ., FL 34208 US

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: BOBBY WILLIAMS

PRES

04/28/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date