

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

4/21/

04-21-2003 90362 047 ***150.00

DOCUMENT # P02000019751

1. Entity Name
BODY BY BART, INC.



Principal Place of Business
**136 WEATHERFIELD AVE.
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**136 WEATHERFIELD AVE.
ALTAMONTE SPRINGS FL 32714**

33033000



2. Principal Place of Business
**825 Renaissance Pt. #203
Suite, Apt. #, etc.
Altamonte Springs FL**

3. Mailing Address
**825 Renaissance Pt. #203
Suite, Apt. #, etc.
Altamonte Springs FL**

☐ CHECK HERE IF MAKING CHANGES

Zip Country
32714 US

4. FEI Number
02-0555151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTOLOTTI, DAVID
136 WEATHERFIELD AVE.
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **David Bartolotti**
Street Address (P.O. Box Number is Not Acceptable)
825 Renaissance Pt. #203
Altamonte Springs
City **FL** Zip Code **32714**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PRESIDENT** ☐ Delete
NAME **DAVID BARTOLOTTI**
STREET ADDRESS **825 RENAISSANCE PT. #203**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

407.290-2670
Daytime Phone #

CR2E034 (10/02)