

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 026 ***550.00

DOCUMENT # P02000075622

1. Entity Name
BODY PROFILES INC.



Principal Place of Business
20929 SW 84 COURT
MIAMI FL 33189

Mailing Address
20929 SW 84 COURT
MIAMI FL 33189

2. Principal Place of Business
1809 E. Broadway St

3. Mailing Address
1809 E Broadway St

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
Oviedo, FL

City & State
Oviedo, FL

Zip
32765

Country
USA

Zip
32765

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
223 8818 46

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, DONNARAE
9912 NW 41 STREET
MIAMI FL 33178

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **JACKSON, SANDRA**
STREET ADDRESS **20929 SW 84 COURT**
CITY-ST-ZIP **MIAMI FL 33189**

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

TITLE **VD** ☐ **Delete**
NAME **JACKSON, JOYCE**
STREET ADDRESS **20929 SW 84 COURT**
CITY-ST-ZIP **MIAMI FL 33189**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/03

Date

407-977-1723

Daytime Phone #

CR2E034 (10/02)