

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90052 019 ***150.00

DOCUMENT # P93000046324

1. Entity Name
THE BIOELECTRIC BODY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**874 EAUGALLIE BLVD
STE E
MELBOURNE FL 32935
US**

Mailing Address
**874 EAUGALLIE BLVD
STE E
MELBOURNE FL 32935
US**

2. Principal Place of Business
874 W. EAUGALLIE BLVD

3. Mailing Address
874 W. EAUGALLIE BLVD

City & State
FL

4. FEI Number **59-3189456**

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

6. Name and Address of Current Registered Agent
**BECK, LINNETTE
170 BAYSHORE DRIVE
MELBOURNE BCH. FL 32951**

7. Name and Address of New Registered Agent
**BECK, LINNETTE
170 BAYSHORE DRIVE
MELBOURNE BCH. FL 32951**

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 *L. Beck* DATE 1/4/02
(NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, LINNETTE		NAME		
STREET ADDRESS	170 BAYSHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH. FL 32951		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, BRIAN		NAME		
STREET ADDRESS	170 BAYSHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH. FL 32951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *L. Beck* **SIGNATURE REQUIRED** 1/4/02 321-259-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)