

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003351

1. Entity Name  
**BODY DYNAMICS GYM, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
04-13-2001 90010 029 \*\*\*150.00

Principal Place of Business  
**45504 HIGHWAY 20 E  
NICEVILLE FL 32578-9702  
US**

Mailing Address  
**45504 HIGHWAY 20 E  
NICEVILLE FL 32578-9702  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3223614**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**ELLISON, LAWRENCE E  
310 FAIRWOOD DR.  
NICEVILLE FL 32578-3200**

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-01**

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, 2001 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 ☐ Delete  
NAME **PT**  
STREET ADDRESS **ELLISON, LAWRENCE E**  
CITY-ST-ZIP **310 FAIRWOOD DR.  
NICEVILLE FL 32578-3200**

TITLE ☒ Change ☐ Addition  
NAME **64 Marina Cove Dr**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VS**  
STREET ADDRESS **ELLISON, JODI K**  
CITY-ST-ZIP **310 FAIRWOOD DR.  
NICEVILLE FL 32578-3200**

TITLE ☒ Change ☐ Addition  
NAME **64 Marina Cove Dr**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Jodi Ellison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)