

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90015 002 ***150.00

DOCUMENT # P95000040644

1. Entity Name

BODY BUSINESS, INC.

Principal Place of Business

1019 SWEETBRIAR PLACE
 WELLINGTON FL 33414
 US

Mailing Address

1019 SWEET BRIAR PLACE
 WELLINGTON FL 33414
 US

653999

2. Principal Place of Business

3277 LAKEWORTH RD

3. Mailing Address

3277 LAKEWORTH RD

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B



DO NOT WRITE IN THIS SPACE

City & State

LAKEWORTH FL

City & State

LAKEWORTH FL

4. FEI Number

65-0604297

Applied For

Not Applicable

Zip

33461

Country

US

Zip

33461

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DILEVO, DENISE A
1019 SWEET BRIAR PLACE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name **DENISE DILEVO**
 Street Address (P.O. Box Number is Not Acceptable) **3277 LAKEWORTH ROAD # B**
 City **LAKEWORTH** FL Zip Code **33461**

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 **DENISE DILEVO Pres**

DENISE DILEVO

4/27/01

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DILEVO, DENIS	
STREET ADDRESS	1019 SWEET BRIAR PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE DILEVO	
STREET ADDRESS	3277 LAKEWORTH ROAD	
CITY-ST-ZIP	LAKEWORTH FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DENISE DILEVO

4/27/01

4334474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)