

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 8:00 am**
Secretary of State

09-12-2000 90019 043 ***550.00

DOCUMENT # P95000074623

1. Entity Name

BODY BIZZ HEALTH & FITNESS CENTER OF PENSACOLA,**A0076948**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**801 E CERVANTES
PENSACOLA FL 32501
US**

Mailing Address

**801 E CERVANTES
PENSACOLA FL 32501
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3356542

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

**SHARP, CASSANDRA L
3109 WATERVIEW DR.
MILTON FL 32583**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	SHARP, CASSANDRA L	4600 SKYLINE DRIVE	PENSACOLA FL 32503	<input type="checkbox"/> Delete
VP	SHARP-STRAWN, NANCY	4600 SKYLINE DR	PENSACOLA FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	Sharp, Cassandra L	3109 Waterview Dr	Milton, FL 32583	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Sharp-Strawn, Nancy	3109 Waterview Dr	Milton, FL 32583	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

CASSANDRA L SHARP, Pres
CASSANDRA L SHARP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00

Date

850-438-0111

Daytime Phone #

CR2E034 (5/00)