

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052855

1. Entity Name

BODY BY SKIP, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90009 025 ***150.00

Principal Place of Business

3234 TROTting HORSE PLACE
JACKSONVILLE FL 32225

Mailing Address

3234 TROTting HORSE PLACE
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3412028

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

COHEN, AARON R
204 PEARL STREET
JACKSONVILLE FL 32202

Name

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

City

Jacksonville

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 ☐ Delete
NAME D
STREET ADDRESS SYLVESTER, DONALD
CITY-ST-ZIP 3234 TROTting HORSE PLACE
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-00

014-00000

Attachment P96000052855

AW076303

AARON R. COHEN, P.A.
POST OFFICE BOX 4218
JACKSONVILLE, FLORIDA 32201
TELEPHONE: (904) 722-1866
FACSIMILE: (904) 722-1869

BANKRUPTCY ATTORNEY
AARON R. COHEN

July 26, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed please find the 2000 Uniform Business Report for Body By Skip, document number P96000052855. I also enclose a check for the amount of \$150.

Despite the form which my client received indicating that this was the "second notice", this was in fact the first notice that Mr. Sylvester had received. After speaking with your compliance section on the telephone, they advised me to fill out the report with the changed information related to the new registered agent information and to submit the report with \$150 and this letter of explanation. I trust that this will suffice. In the event you have any questions or we need to discuss this matter further, please contact me at the above address.

Respectfully,



Aaron R. Cohen

ARC/sj
Enclosures
cc: Donald Sylvester, President
Body By Skip

Signed in Mr. Cohen's absence
to avoid delay.