

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073336

1. Entity Name

THE BODY SQUAD, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90121 025 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 22628
FORT LAUDERDALE FL 33335-2628

P.O. BOX 22628
FORT LAUDERDALE FL 33335-2628

2. Principal Place of Business

7100 NE 7th Ave

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

4. FEI Number

65-0705651

Applied For

Not Applicable

Zip

33487

Country

USA

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

PETERSON, KIMBERLIE
3000 E SUNRISE BLVD
STE 15G
FT LAUDERDALE FL 33304

Name

Peterson-Pace, Kimberlie

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

7100 NE 7th Ave

Boca Raton, FL 33487

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

1/4/00

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, 2000 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 ☐ Delete
NAME PETERSON, KIMBERLIE
STREET ADDRESS 3000 EAST SUNRISE BLVD., STE. 15G
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☒ Change ☐ Addition
NAME Peterson-Pace, Kimberlie
STREET ADDRESS 7100 NE 7th Ave
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00

CR2E034 (9/99)