

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003124

1. Entity Name

BODY WORKS FITNESS CENTER, INC.

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

05-31-2000 90079 015 ***150.00

Principal Place of Business

Mailing Address

RT-5 BOX 1820
 1608 S HWY 19
 PALATKA FL 32177

RT 5 BOX 1820
 1608 S HWY 19
 PALATKA FL 32177-9163

2. Principal Place of Business

3. Mailing Address

121 RAINTREE TRAILS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALATKA, FLA.

4. FEI Number

59-3420184

Applied For

Not Applicable

Zip

Country

Zip

Country

32177

U.S.A.

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

WELCH, MICHAEL D
 RT 5 BOX 1820
 1608 S HWY 19
 PALATKA FL 32177

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 \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, MICHAEL D		NAME	
STREET ADDRESS	RT 5 BOX 1820		STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, KAREN P		NAME	
STREET ADDRESS	RT 5 BOX 1820		STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Karen P Welch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

904-328-5908

Date

Daytime Phone #

CR2E034 (9/99)