

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015552

1. Entity Name

BONAFIDE BODIES, INC.

Principal Place of Business

1413 S. HOWARD AVE.
101
TAMPA FL 33606

Mailing Address

1719 G CHAPEL TREE CIRCLE
BRANDON FL 33806-3176

2. Principal Place of Business

1413 S. Howard Ave
Suite, Apt. #, etc.
101

3. Mailing Address

1413 S. Howard Ave
Suite, Apt. #, etc.
101

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3497899

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

GOULD, TREVOR
1719 G CHAPEL TREE CIRCLE
BRANDON FL 33511

Name

Gould, Trevor

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

2515 B W. Kansas Ave

City

Tampa

FL

Zip Code

33609

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)

4/4/00

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	PTS	<input type="checkbox"/> Delete
NAME	GOULD, TREVOR	
STREET ADDRESS	1716 G CHAPEL TREE CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOULD, CHRISTY	
STREET ADDRESS	1719 G CHAPEL TREE CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
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	PTS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, TREVOR		
STREET ADDRESS	1413 S. Howard Ave Suite 101		
CITY-ST-ZIP	Tampa, FL 33606		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, CHRISTY		
STREET ADDRESS	2515 W. Kansas Ave Unit B.		
CITY-ST-ZIP	Tampa, FL 33609		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Trevor Gould

4/4/00

813 259 9939

Date

Daytime Phone #

CR2E034 (9/99)