2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME

TITLE

NAME

CITY-ST-ZIP

Name

City

DOCUMENT # **P98000025265**

Country

SCHUMACHER, GAYLAIN

9. This corporation is eligible to satisfy its Intangible

SCHUMACHER, GAYLAIN

2722 LANE STREET

PALATKA FL 32177

Tax filing requirement and elects to do so.

2722 LANE ST. PALATKA FL 32177

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

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STREET ADDRESS

STREET ADDRESS

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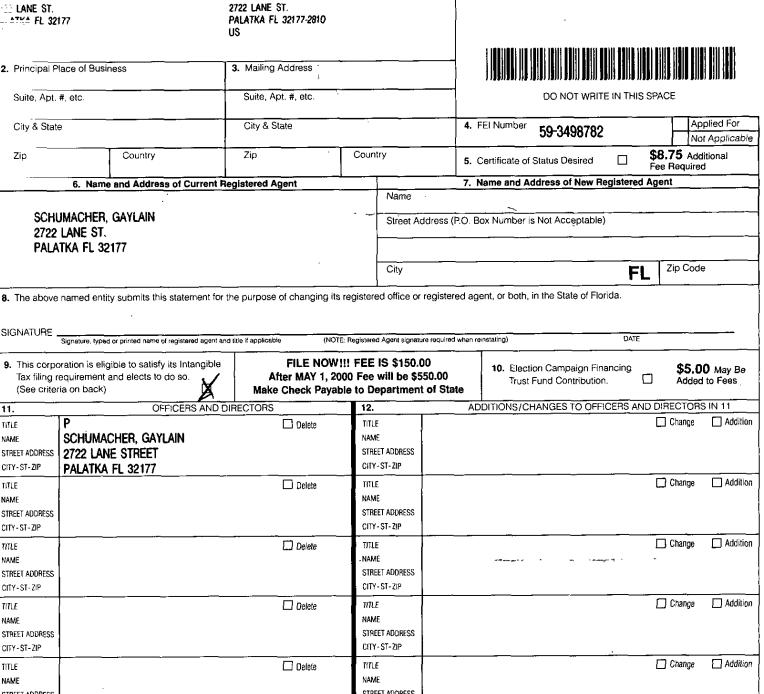
CITY-ST-ZIP

BODY MECHANICS THERAPY INC.

Principal Place of Business	Mailing Address
	2722 LANE ST. PALATKA FL 32177-2810 US

FILED Apr 29, 2000 8:00 am Secretary of State

04-29-2000 90001 018 ***150.00



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: _

GADain Schumscher

Change

Addition