

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 005 ***150.00

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1. Entity Name

BODY MECHANICS THERAPY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2722 LANE ST3. Mailing Address
2722 LANE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALATKA FLCity & State
PALATKA FL4. FEI Number
59-3498782Applied For
Not ApplicableZip
32177Country
USZip
32177Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SCHUMACHER, GAYLAINStreet Address (P.O. Box Number is Not Acceptable)
2722 LANE STCity
PALATKA FL 32177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPPVST
SCHUMACHER, GAYLAIN
2722 LANE ST
PALATKA FL 32177TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered. GAYLAIN LEE SCHUMACHER

SIGNATURE:

Signature and typed or printed name of signing officer or director

042103

Date

386-329-5576

Daytime Phone #

CR2ED34B (12/02)