200/ UNIFORM BUSINESS REPORT (U .)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90014 005 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000034790

Entity Name
BODY EXPRESS, INC.

Principal Place of Business	Mailing Address
4485 STIRLING ROAD SUITE 110 FORT LAUDERDALE FL 33314	4485 STIRLING ROAD SUITE 110 FORT LAUDERDALE FL 33314

Principal Place of Business	3. Mailing Address
4310 SHERIDAN ST	4310 SHERIDAN ST
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021 Country	Zip 33020 Country

4. FEI Number 65-0827778 ☐ 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
VAUGHN, MELODY ~~4485 STIRLING ROAD~~ ~~SUITE 110~~ ~~FORT LAUDERDALE FL 33314~~	Name Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN ST #202 City Hollywood FL Zip Code 33020

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

. 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

	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAUGHN, MELODY		NAME	
STREET ADDRESS	~~4485 STIRLING ROAD~~		STREET ADDRESS	4310 SHERIDAN ST
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33314~~		CITY-ST-ZIP	Hollywood FL 33020
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

. 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: X Melody Vaughn XX 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #