

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000088135

1. Entity Name
BODY & SPIRIT, INC.

Principal Place of Business 14104 OLD MISSION ROAD DADE CITY FL 33525	Mailing Address 14104 OLD MISSION DADE CITY FL 33525
---	--

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3538718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SURRATT DIANE
14104 OLD MISSION ROAD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

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)

05/01/2000

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

TITLE	D	☐ Delete
NAME	NEWLON CATHERINE	
STREET ADDRESS	110 E. REYNOLDS ST., STE. 700	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	D	☐ Delete
NAME	SURRATT LEWIS	
STREET ADDRESS	110 E. REYNOLDS ST., STE. 700	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	D	☐ Delete
NAME	SURRATT DIANE	
STREET ADDRESS	110 E. REYNOLDS ST., STE. 700	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, S	☒ Change ☐ Addition
NAME	NEWLON CATHERINE D	
STREET ADDRESS	14050 OLD MISSION ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	D	☒ Change ☐ Addition
NAME	SURRATT LEWIS P	
STREET ADDRESS	14104 OLD MISSION ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	D, P	☒ Change ☐ Addition
NAME	SURRATT DIANE L	
STREET ADDRESS	14104 OLD MISSION ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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: Diane L. Surrott

D. B. 05/01/2000