

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092803

1. Entity Name

Bay Area Bodyworks, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3918 Pine Limb Ct

Suite, Apt. #, etc.

3. Mailing Address

3918 Pine Limb Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3562072

Applied For

Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Susan P. Colangelo

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

3918 Pine Limb Ct.

City

Tampa

FL

Zip Code

33614

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/S
Susan P. Colangelo
3918 Pine Limb Ct
TAMPA, FL 33614

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan P. Colangelo

DATE

4-15-02 (813) 886-4461

Daytime Phone #

CR2E034B (12/01)