

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90438 017 \*\*\*150.00

**DOCUMENT # P99000007745**

1. Entity Name  
 BODY & SOUL OF SW FLORIDA, INC. ✓

Principal Place of Business      Mailing Address

5117 CASTELLO DRIVE  
 SUITE 1  
 NAPLES FL 34003

5117 CASTELLO DRIVE  
 SUITE 1  
 NAPLES FL 34103-1902

2. Principal Place of Business      3. Mailing Address

28000 Spanish Wells Blvd  
 Suite, Apt. #, etc.  
 200

P.O. BOX 279  
 Suite, Apt. #, etc.

City & State      City & State

Bonita Springs FL  
 Zip      Bonita Springs FL  
 34135      Zip      34133

4. FEI Number      Applied For

65-0896270      Not Applicable

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

☐      ☐

6. Name and Address of Current Registered Agent

EURO-AMERICAN FINANCIAL SERVICES, INC.  
 5117 CASTELLO DRIVE  
 SUITE 1  
 NAPLES FL 34003

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 28000 Spanish Wells Blvd  
 Suite 200  
 City      FL      Zip Code  
 Bonita Springs      34135

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      (NOTE: Registered Agent signature required when reinstating)      DATE

his 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      \$5.00 May Be Added to Fees

Trust Fund Contribution. ☐      ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUBERT, NEVZETA BERNER STRASSE 10 12205 BERLIN GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T, S Hubert, Nevzeta <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCKIUS, TANJA 5117 CASTELLO DRIVE NAPLES FL 34003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	28000 Spanish Wells Blvd ste 200 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGN  
HERE**



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 supplement 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: N. Hubert      Nevzeta Hubert      4-27-00      941-992-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #