

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90007 027 \*\*\*150.00

**DOCUMENT # P99000009596**

1. Entity Name

**BODY BY PRAYER, INC.**

Principal Place of Business

**1110 NORTHEAST 42ND COURT  
POMPANO BEACH FL 33064  
US**

Mailing Address

**1110 NORTHEAST 42ND COURT  
POMPANO BEACH FL 33064  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0890632**

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

**MOSHER, GERI  
1110 NE 42ND CT  
POMPANO FL 33064**

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)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
MOSHER, GERI  
1110 NORTHEAST 42ND COURT  
POMPANO BEACH FL 33064** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
JOYNER, STEPHANIE A  
1110 NORTHEAST 42ND COURT  
POMPANO BEACH FL 33064** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Delete

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Gerri Mosher**

**7/13/01**

Date

**954-942-5747**

Daytime Phone #

CR2E034 (5/01)

*Attachment*  
*# P9900000959L*  
*00060374*

Geri Mosher  
BODY by PRAYER Inc.  
1110 NE 42nd Court  
Pompano, FL 33064  
1-954-942-5747

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it may concern;

Please except this payment of \$150.00. Although it is late, we are asking for your understanding.

On 3/24/01, our 1 year old baby girl was diagnosed with Lukemia, and as you can imagine our lives were turned upside down.

This form was overlooked, and we apologize for any inconvenience this may have caused your office. We only ask that you understand our situation, and in turn, waive any and all penalties, and/or late fees.

Thank you in advance;



Geri Mosher, president  
7/13/01

Note: This business has been closed. We are hoping to re-open, but at this point we are taking things one day at a time. Thank's again for your understanding in our time of crisis.