2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000024564** 1. Entity Name SCULPTURED BODIES, INC. 03-29-2000 90063 034 ***150.00 Mailing Address Principal Place of Business 17465 GULF BLVD 17465 GULF BLVD REDINGTON SHORES FL 33708-1363 REDINGTON SHORES FL 33708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For DINGTON SHORES FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GANLEY, KAREN E Street Address (P.O. Box Number is Not Acceptable) **207 160 TERRACE REDINGTON BEACH FL 33708** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DINGTON BEACH FL 33708 CITY-ST-ZIP CITY-ST-ZIP 7 JTJT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS EDINGTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 cytrustee 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.

CITY-ST-ZIP