## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am DOCUMENT # **P99000030067 Secretary of State** BODY DYNAMICS USA OF FLORIDA, INC. 03-24-2000 90086 038 \*\*\*150.00 Mailing Address Principal Place of Business 15820 SHAMROCK DRIVE 15820 SHAMROCK DRIVE FORT MYERS FL 33912-2356 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip \$8.75 Additional Country Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSCHBOM, RONALD L Street Address (P.O. Box Number is Not Acceptable) 15820 SHAMROCK DRIVE FORT MYERS FL 33912 Zip Code City 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. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS [11. Addition TITLE TITLE Delete BUSCHBOM, RONALD L NAME NAME STREET ADDRESS 15820 SHAMROCK DRIVE STREET ADDRESS FORT MYERS FL 33912 CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE HONYWELL, ALAN NAME **ROTTINGTON HOUSE 2 NORTH ROAD EAST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P PLYMOUTH PL4 6AU ENGLAND ☐ Change Addition Delete - \*\* TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition De'ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this find obes 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 eport 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 employees to execute the separate 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 at other like entrowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND THE DISCONTINUOUS OFFICER OR DIRECTOR

10/9000 941-337 1101 Date Daytime Phone #