

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033749

1. Entity Name  
THE BODY MILL INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90014 016 \*\*\*150.00

Principal Place of Business

18437 US HWY 19 N  
CLEARWATER FL 33764

Mailing Address

18437 US HWY 19 N  
CLEARWATER FL 33764

2. Principal Place of Business

18,443 U.S. Hwy, 19N.  
Suite, Apt. #, etc.

3. Mailing Address

18,443 U.S. Hwy, 19N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number  
59-3569171

Applied For  
Not Applicable

Zip  
33764

Country  
US

Zip  
33764

Country  
U.S.

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

6. Name and Address of Current Registered Agent

VAUSE, COLLIN D ESQ  
600 BYPASS DR. SUITE 207  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name Carter Miner  
Street Address (P.O. Box Number is Not Acceptable)  
18,443 U.S. Hwy. 19 North  
City Clearwater, FL FL Zip Code 33764

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 Carter Miner President 9/7/00  
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 13, 2000 Min. 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

TITLE PS  
NAME MCLAUGHLIN, COLLEEN S ☒ Delete  
STREET ADDRESS 18437 US HWY 19 N  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Change ☒ Addition  
NAME Miner, Carter  
STREET ADDRESS 18,443 U.S. Hwy. 19 N.  
CITY-ST-ZIP Clearwater, FL. 33764

TITLE V ☐ Change ☒ Addition  
NAME McLaughlin-Miner, Colleen  
STREET ADDRESS 18,443 U.S. Hwy. 19 N.  
CITY-ST-ZIP Clearwater, FL. 33764

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00 (727) 538-0778  
Date Daytime Phone #

CR2E034 (5/00)

Attachment Log# 149000033749

A0078385

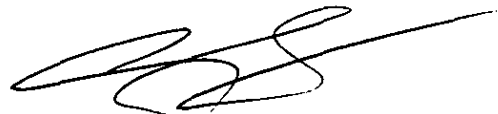
To Dept of State.

You had our old address on the  
Form, We never recieved a First  
Notice, Just this Second Notice.

Please update the Information.

The correct Information is on

the Form. Thank You



Carter Miles

(727) 538-0778