

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042018

1. Entity Name

BODY JEWELRY BY GYPSY, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90168 036 \*\*\*150.00

Principal Place of Business

Mailing Address

39132 CR 54 E  
2166  
ZEPHYRHILLS FL 33540

PO BOX 362  
ZEPHYRHILLS FL 33539

973550

2. Principal Place of Business

30547 SR 54

3. Mailing Address

PO BOX 362

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wesley Chapel, FL

City & State

Zephyrhills, FL

4. FEI Number 65-0927307

Applied For  
Not Applicable

Zip 33543

Country PASCO

Zip 33539

Country PASCO

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

FORCIER, TINA E  
39132 COUNTY RD 54 E #2166  
ZEPHYRHILLS FL 33540

Name Divine, Tina E  
Street Address (P.O. Box Number is Not Acceptable)  
30547 State Rd 54  
Wesley Chapel, FL  
City FL Zip Code 33543

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 Tina E. Divine

4-30-01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME DIVINE, ROBERT J  
STREET ADDRESS 39132 COUNTY RD 54 E #2166  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 30547 State Rd 54  
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Robert Divine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 813-994-3967

Date

Daytime Phone #

CR2E034 (10/00)