2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99 000047823 Apr 24, 2000 8:00 am Secretary of State BODY TECH OF ORLANDO, INC. 04-24-2000 90169 002 ***150.00 Mailing Address Principal Place of Business 8480 PALM PARKWAY OPLANDO FL 32834 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59 - 3585859 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATHLEEN JURIK 11848 MINTWOOD CT Street Address (P.O. Box Number is Not Acceptable) OPLANDO FL 32837 City 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. FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition PIS KATHLEEN JURIK ☐ Delete TITLE NAME 11848 MINTLUCOD CT MAME STREET ADDRESS STREET ADDRESS ORIANDO FL 32837 CITY-ST-ZIP Change: Addition Delete THIC JAMES SZABO NAME NAME 3344 BRIDGEFORD OR STREET ADDRESS STREET ADDRESS DELANDO FL 32812 CITY-ST-7IP CITY-ST-ZIF Change - 🔲 Addition ☐ Delete TITLÉ NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP .. Change . 🔲 Addition . Dolote JITLE NAME -

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR**E**:

STREET ADDRESS

7 -- ST - 7/P

184 WA

KATHLEEN JURIK

3-10-00

(407)BƏT ƏƏ03

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