

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90107 004 ***150.00

DOCUMENT # P99000058746

1. Entity Name

Body Design, Inc. ✓

DO NOT WRITE IN THIS SPACE

822180

2. Principal Place of Business

118 E. Jefferson St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

4. FEI Number

364308111

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Corey Ritter

Street Address (P.O. Box Number is Not Acceptable)

118 E. Jefferson Street

City Orlando

FL

Zip Code 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature of officer or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President, Dir., Treasurer, Secr.
NAME Corey Ritter
STREET ADDRESS 118 E. Jefferson Street
CITY-ST-ZIP Orlando, FL 32801

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)