

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058967

1. Entity Name

BODIES IN TUNE, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90009 008 \*\*\*150.00

Principal Place of Business

1554 BOREN DRIVE SUITE 200  
OCOE FL 34761

Mailing Address

1554 BOREN DRIVE SUITE 200  
OCOE FL 34761-2986

2. Principal Place of Business

849 PALM COVE DR.

Suite, Apt. #, etc.

3. Mailing Address

849 PALM COVE DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

Orange

City & State

ORLANDO FL

Zip

32835

Country

Orange

4. FEI Number

59-3584512

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDER, GEORGE A ESQ  
315 EAST ROBINSON STREET SUITE 600  
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

SUSAN M. PICKENS

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

849 PALM COVE DR.

City

ORLANDO FL

FL

Zip Code

32835

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

SUSAN M. PICKENS President Susan M. Pickens 5-1-00

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 \$150.00**  
**After MAY 1, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PICKENS, SUSAN M  
1554 BOREN DRIVE SUITE 200  
OCOE FL 34761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: Susan M. Pickens Susan M. PICKENS 4-10-00 407-290-1784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)