

DOCUMENT #

P99000071592

1. Entity Name

Underwood &amp; Underwood, INC.

FILED

Jun 07, 2000 8:00 am  
Secretary of State

05-13-2000 90012 023 \*\*\*150.00

Principal Place of Business

CURVES FOR WOMEN  
571 Bellweeville Circle  
Suite 12  
Enterprise, AL 36330

Mailing Address

5289 BROWN ST.  
GRACEVILLE, FL 32440

2. Principal Place of Business

CURVES FOR WOMEN

Suite, Apt. #, etc

571 Bellweeville Circle, Suite 12

City &amp; State

Enterprise, AL 36330

Zip

36330

Country

USA

3. Mailing Address

5289 BROWN ST

Suite, Apt. #, etc.

City &amp; State

Graceville, FLORIDA

Zip

32440

Country

USA

4. FEI Number

58-2491166

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANK E. BONDURANT

4450 LAFAYETTE STREET

MARIANNA, FL 32447

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MICHAEL D. UNDERWOOD  
5289 BROWN ST  
GRACEVILLE, FL 32440 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRISCILLA UNDERWOOD  
5289 BROWN ST  
GRACEVILLE, FL 32440 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
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: M. D. Underwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

850-263-3691

Daytime Phone #

CR2E034 (9/99)