

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077654

1. Entity Name

URBAN BODY, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90083 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3616 W SAN JUAN ST  
TAMPA FL 33629-6922

3616 W SAN JUAN ST  
TAMPA FL 33629-6922

2. Principal Place of Business

3. Mailing Address

715 S. Howard Ave, Ste. 130

715 S. Howard Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

336099

USA

336099

USA

4. FEI Number

59-3594691

Applied For

Not Applicable

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

MOORE, SCOTT J  
3616 W SAN JUAN ST  
TAMPA FL 33629-6922

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, SCOTT J 3616 W SAN JUAN ST TAMPA FL 33629-6922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEELER, BRETT L 3616 W SAN JUAN ST TAMPA FL 33629-6922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Delete

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.

BRETT L. PEELER, V-P, URBAN BODY

SIGNATURE

*Brett L. Peeler, V-P, Urban Body*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 (813) 832-3911

Date

Daytime Phone #