

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90012 042 ***150.00

DOCUMENT # P99000077654

1. Entity Name

URBAN BODY, INC.

Principal Place of Business

715 S. HOWARD AVE. STE 130
TAMPA FL 33609

Mailing Address

715 S. HOWARD AVE. STE 130
SUITE 130
TAMPA FL 33609

2. Principal Place of Business

TAMPA, FL

3. Mailing Address

715 S. HOWARD AVE

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33606

Country

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

PEELER, BRETT L
201 LAUREL ST W
#201
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

BRETT L. Peeler

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

431 E CENTRAL BLVD #710

City

ORLANDO

FL

Zip Code

32801

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

Brett L. Peeler

BRETT L. PEELER, VICE-PRESIDENT

1/29/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MOORE, SCOTT J	
STREET ADDRESS	3616 W SAN JUAN ST	
CITY-ST-ZIP	TAMPA FL 33629-6922	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEELER, BRETT L	
STREET ADDRESS	3616 W SAN JUAN ST	
CITY-ST-ZIP	TAMPA FL 33629-6922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT J. MOORE	
STREET ADDRESS	3416 W. PALMIRA AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT L. PEELER	
STREET ADDRESS	431 E CENTRAL BLVD #710	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Brett L. Peeler BRETT L. PEELER

Date

1/29/02 813 251-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)