

DOCUMENT # P99000082719

1. Entity Name

BODIES BEST INTERNATIONAL, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90041 034 ***158.75

Principal Place of Business

Mailing Address

13114 HAZELCREST ST.
SPRING HILL FL 34609

13114 HAZELCREST ST.
SPRING HILL FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3573443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADLER, ANDREW L
633 N. FRANKLIN ST.
STE 601
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **ADLER, ANDREW L**
Street Address (P.O. Box Number is Not Acceptable) **3521 Henderson BLVD**
City **TAMPA** FL **33609**

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, 2001 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	Delete
PDC	SHAWKEY, GARY A	13114 HAZELCREST ST.	SPRING HILL FL 34609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	SHAWKEY, GARY A	13114 HAZELCREST ST	SPRING HILL FL 34609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	PROSSER, NORMAN R	2372 OJIBWAY ROAD	KAMLOOPS, BC Canada V2H1P1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	FIELDS, REIGHARD	415 South 2nd St	Washington, PA 52353	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	SHAWKEY, STEPHANIE R	13114 Hazelcrest St	Spring Hill FL 34609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	Prosser, Debbie	2372 OJIBWAY RD	KAMLOOPS, BC Canada V2H1P1	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #