

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082719

1. Entity Name

BODIES BEST INTERNATIONAL, INC.

Principal Place of Business

13114 HAZELCREST ST.
SPRING HILL FL 34609

Mailing Address

13114 HAZELCREST ST.
SPRING HILL FL 34609

2. Principal Place of Business

22299 Cortez Blvd
Suite, Apt. #, etc.

3. Mailing Address

22299 Cortez Blvd
Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

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
3321 HENDERSON BLVD
TAMPA FL 33609

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, 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 P
NAME SHAWKEY, GARY A
STREET ADDRESS 13114 HAZELCREST ST.
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

TITLE VP
NAME PROSSER, NORMAN R
STREET ADDRESS 2372 OJIBWAY ROAD
CITY-ST-ZIP KAMLOOPS BC CA V2H1P ☒ Delete

TITLE D
NAME FEILDS, REIGHARD
STREET ADDRESS 415 SOUTH 2ND ST
CITY-ST-ZIP WASHINGTON IA 52353 ☒ Delete

TITLE D
NAME SHAWKEY, STEPHANIE
STREET ADDRESS 13114 HAZELCREST ST
CITY-ST-ZIP SPRING HILL FL 34609 ☒ Delete

TITLE D
NAME PROSSER, DEBBIE
STREET ADDRESS 2372 OJIBWAY RD
CITY-ST-ZIP KAMLOOPS BC CA V2H1P ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

GARY SHAWKEY

1/5/2002

552-544-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90016 003 ***158.75

B0001748



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)