## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** V45533 **DOCUMENT #** 1. Entity Name BODY GRAPHICS, INC.



					GO WE THE					
Principal Place of Business 1071 HERMOSA DR. ROCKLEDGE FL 32955		Mailing Address 1071 HERMOSA DR. ROCKLEDGE FL 32955 US				TTOTO94				
2. Principal P	Place of Busin	ess	3. Mailing Address				<b>                                  </b>		OLOLI BUFIL IRBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	59-3131678		pplied For ot Applicable	
Zip Country			Zip Country		у	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
		•	1 20 -		Name -		\$ <del>-</del>			
GREEN, H	HENRY M. RMOSA DR.	· pre	Street Address			s (P.O. B	P.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32955										
	,		· 		City .		Fl	Zip Cod	le	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.						AD	9. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS ANI	Adde∈	00 May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREEN, H 1071 HER ROCKLED	ENRY M. MOSA DR	☐ Delete	TITLE NAME	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		REEN Mosh dr Ge Fl 32955	· Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		المجادرة المعتبلات	□ Delete	NAME	T ADDRESS ST-ZIP	- •		□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	r address ST-zip			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY-S	T ADDRESS ST-ZIP	0		Change	Addition	

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**IGNATURE:** 

CONTRACTOR OF THE CONTRACTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #