

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90059 042 \*\*\*150.00

0139696 AT

**DOCUMENT # K20424**

1. Entity Name  
**SKINSATIONAL BODY, INC.**



Principal Place of Business  
**4308 75TH STREET. WEST  
BRADENTON FL 34209  
US**

Mailing Address  
**520 KEY ROYALE DRIVE  
HOLMES BEACH FL 34217**



2. Principal Place of Business

3. Mailing Address

**4308 75th St W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**BRADENTON FL**

4. FEI Number **65-0048176**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34217**

**USA**

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

**MENENDEZ, MARY E  
520 KEY ROYALE DRIVE  
HOLMES BEACH FL 34217**

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. 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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MENEDEZ, MARY E  
520 KEY ROYALE DRIVE  
HOLMES BCH FL 34217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

80135259  
# K20424

# SKINSATIONAL BODY.

YOUR TOTAL DAY SPA



July 28, 2003

Division of Corporation  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
Dear Sir:

Enclosed is Check number 7252 for \$150.00 to pay for Corporation fee.

I never received a letter or form from Florida Department of State for Corporation Fee. Please accept enclosed check. Future payment will be sent as filing received.

Note change of address. Please send to Business address for future filings.

Yours Truly,

*Mary Menendez*  
Mary E. Menendez, Pres.