2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

K20424

1. Entity Name SKINSATIONAL BODY, INC.



Mailing Address



Aug 01, 2003 8:00 am Secretary of State 08-01-2003 90059 042 ***150.00

BRADENTON FL 34209 US		HOLMES BEACH-FL-34217					
2. Principal Place of Business		3. Mailing Address 4308 75	3. Mailing Address 43.8 7.5 - 54. W Suite, Apt. #, etc.			MLI MIMIL BAMAI OIDII	DEDAL BIDII EESI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State BRADENTON FL		4.	FEI Number 65-0048176	—	pplied For lot Applicable
Zip	Country	7ip 34217	Country 2/5A	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	iditional ed
	6. Name and Address of Cur	rent Registered Agent			Name and Address of New Registere	ed Agent	
			Name				
MENENDEZ, MARY E 520 KEY ROYALE DRIVE HOLMES BEACH FL 34217			Street	Street Address (P.O. Box Number is Not Acceptable)			
HULMES	BEACH FL 3421/		City	<u> </u>		Zip Coo	de et
After Se	Signature, typed or printed name of registered FILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$100.000 k Payable to Florida Departme	6750.00	OTE: Registered Agent sig	nature required when r	einstating) DAT 9. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
10.	OFFICERS A	AND DIRECTORS	11.	AI	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE NAME, STREET ADDRESS CITY-ST-ZIP	PTD MENEDEZ, MARY E 520 KEY ROYALE DRIVE HOLMES BCH FL 34217	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	S		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	: TITLE NAME STREET ADDRES: CHY-ST-ZIP	5	,	☐ Change	Addition

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

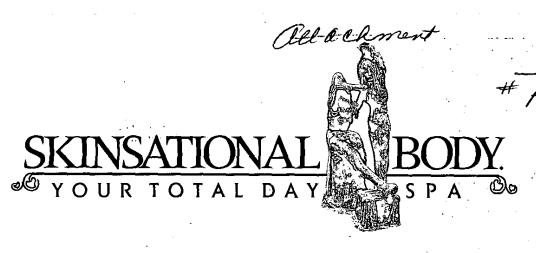
Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition



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 E. Menendez, Pres.

Yeer Pic Ready.

ng in Conjugation of