

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90163 027 \*\*\*\*\*50.00

**DOCUMENT # L01000020611**

1. Entity Name

**REJUVENATIONS DAY SPA, LC**

Principal Place of Business

**5910 CORTEZ RD. W.  
 SUITE 160  
 BRADENTON FL 34210**

Mailing Address

**5910 CORTEZ RD. W.  
 SUITE 160  
 BRADENTON FL 34210**

80049324

2. Principal Place of Business

**6921 34th Ave West  
 Suite, Apt. #, etc.**

3. Mailing Address

**6921 34th Ave West  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Bradenton FL  
 34209 USA**

City & State

**Bradenton FL  
 34209 USA**

4. FEI Number

**65-1159679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WICKMAN & WYCKOFF, P.A.  
 4909 MANATEE AVE. WEST  
 BRADENTON FL 34209**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **WATKINS, MELISSA E**  
 STREET ADDRESS **5910 CORTEZ RD. W.**  
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **WATKINS MELISSA E**  
 STREET ADDRESS **6921 34th Ave West**  
 CITY-ST-ZIP **Bradenton FL 34209**

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

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

I, 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/13/02 941-744-5210**

Date

Daytime Phone #

CR2E083 (9/01)