

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021840

FILED  
Jul 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** ABUNDANT HEALTH DAY SPA, LLC

**Current Principal Place of Business:**

PO BOX 517  
NEW SMYRNA BEACH, FL 32170

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 517  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 01-0590958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNER, SHERRI L  
143 LIVE OAK CT  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BERNER, SHERRI L  
Address: 143 LIVE OAK COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHERRI L. BERNER

MGRM

07/11/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date