## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000096994

## TOTAL BODY MIND RELAXATION INC.

## **FILED** Mar 15, 2001 8:00 am <sup>8</sup> Secretary of State 03-15-2001 90224 002 \*\*\*150.00

| PENBERTHY, MICHELLE L 2575 COUNTY RD. 220, #104 MIDDLEBURG FL 32068  City  FL Zip  8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Fee Re  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip  City  FL Zip  City  FL Zip  City  FL Zip  Signature. typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  File NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. Certificate of Satus pleases.  Fee Re  7. Name and Address of New Registered Agent  Name  City  FL Zip  ATTEL  DATE  16. Election Campaign Financing  Trust Fund Contribution.  City  City  FL Zip  ATTEL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   |                            |
|--|----------------------------|
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Street Address of Status Desired   \$8.7 fee Reference Agent   \$8.7 fee Reference |                            |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Street Address of Status Desired   \$8.7 fee Reference Agent   \$8.7 fee Reference | AR ARAM RARA IAAN          |
| City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  | <u> </u>                   |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Re  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  PENBERTHY, MICHELLE L 2575 COUNTY RD. 220, \$104 MIDDLEBURG FL 32068  City FL Zip  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)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. Certificate of Status Desired Status D   |                            |
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| TITLE Delete TITLE NAME  NAME  STREET ADDRESS CITY-ST-ZIP  13. 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   |                            |

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