

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90021 013 \*\*\*150.00

**DOCUMENT # P01000001576**

1. Entity Name

**ISLAND MESSAGE STORE AND DAY SPA, INC.**

Principal Place of Business

Mailing Address

5343 GOLF DRIVE  
 NUMBER 500  
 HOLMES BEACH FL 34217

5343 GOLF DRIVE  
 NUMBER 500  
 HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

CLERKIN, KAREN  
 5343 GOLF DRIVE  
 NUMBER 500  
 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.

SIGNATURE

*[Signature]*

4/1/2001

DATE

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 \$350.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Delete  
 NAME: CLERKIN, MARY  
 STREET ADDRESS: 5343 GOLF DRIVE, NUMBER 500  
 CITY-ST-ZIP: HOLMES BEACH FL 34217

TITLE:  Change  Addition  
 NAME: Sarah Swan  
 STREET ADDRESS: 5343 Golf Dr. #500  
 CITY-ST-ZIP: Holmes Beach, FL 34217

TITLE:  Delete  
 NAME: CLERKIN, MARK  
 STREET ADDRESS: 5343 GOLF DRIVE, NUMBER 500  
 CITY-ST-ZIP: HOLMES BEACH FL 34217

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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

SIGNATURE:

*[Signature]*

4/1/2001

DATE

(941) 779-0066

DAYTIME PHONE #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE