

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 008 ***150.00

DOCUMENT # P01000033462

1. Entity Name

PINK CLOUD RELAXATION, INC

DO NOT WRITE IN THIS SPACE

674191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5301 MINK RD

Suite, Apt. #, etc.

3. Mailing Address

5301 MINK RD

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number

65-1097725

Applied For

Not Applicable

Zip

Country

34235

U.S.

Zip

Country

34235

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JENKINS

Street Address (P.O. Box Number is Not Acceptable)

1103 FLORIDA AVE

STE. 4

City

PALM HARBOR

FL

Zip Code

34683

**DO NOT WRITE
IN THIS SPACE**

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

5/8/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PSTD
NAME GLORI ANN MORGENSTERN
STREET ADDRESS 5301 MINK RD
CITY-ST-ZIP SARASOTA, FL 34235

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/22/02