

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90345 045 \*\*\*150.00

054356



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000034443**

**1. Entity Name**  
**SEA MAIDEN PERSONAL TOUCH SPA, INC.**

**Principal Place of Business**

**9 FLORIDA PARK DRIVE**  
**PALM COAST FL 32137**  
**US**

**Mailing Address**

**P.O. BOX 350935**  
**PALM COAST FL 32135**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

**9 Florida Park Dr.**  
**# B**

**City & State**

**Palm Coast FL**

**4. FEI Number**

**59-3711867**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**32137**

**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RENDE, MARQUETTE V**  
**2567 N. OCEANSHORE BLVD**  
**FLAGLER BEACH FL 32136**

**7. Name and Address of New Registered Agent**

**Name Pruettt, Jayci K**

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

**2729 Autumn Leaves Dr.**

**City Daytona Beach**

**FL**

**Zip Code 32128**

**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** *Jayci K Pruettt*  
 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 filing requirement and elects to do so.** ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>RENDE, MARQUETTE V</b>	
<b>STREET ADDRESS</b>	<b>2567 N. OCEANSHORE BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>FLAGLER BEACH FL 32136</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>RENDE, STEPHEN M</b>	
<b>STREET ADDRESS</b>	<b>2567 N. OCEANSHORE BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>FLAGLER BEACH FL 32136</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Pruett, Jayci K</b>	
<b>STREET ADDRESS</b>	<b>2729 Autumn Leaves Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Daytona Beach FL 32128</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Pruett, Jayci K</b>	
<b>STREET ADDRESS</b>	<b>2729 Autumn Leaves Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Daytona Beach FL 32128</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Jayci K Pruettt* **Jayci K Pruettt**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
 Date

**(386) 446-1440**  
 Daytime Phone #

CR2E034 (9/01)