

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90076 003 ***150.00

DOCUMENT # P01000041238

1. Entity Name

A JOURNEY TO RELAXATION!, INC.

Principal Place of Business

**869 B ENGLAND STREET
MAYPORT FL 32227
US**

Mailing Address

**869 B ENGLAND STREET
MAYPORT FL 32227
US**

2. Principal Place of Business

**Sturdivant AVE
Suite, Apt. #, etc.
762**

3. Mailing Address

12074 Autumn Sunrise DR

City & State

Atlantic Beach Florida

City & State

Jacksonville Florida

Zip

32233

Country

Duval

Zip

32246

Country

Duval

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

**ARLENE, ORTIZ
869 B ENGLAND STREET
MAYPORT FL 32227**

7. Name and Address of New Registered Agent

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

Arlene Ortiz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTIZ, ARLENE	
STREET ADDRESS	869 B ENGLAND STREET	
CITY-ST-ZIP	MAYPORT FL 32227	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORTIZ, CARLOS A.	
STREET ADDRESS	869 B ENGLAND STREET	
CITY-ST-ZIP	MAYPORT FL 32227	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortiz, Arlene	
STREET ADDRESS	12074 Autumn Sunrise DR.	
CITY-ST-ZIP	Jacksonville Florida 32246	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortiz, Carlos A	
STREET ADDRESS	12074 Autumn Sunrise DR.	
CITY-ST-ZIP	Jacksonville FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Arlene Ortiz
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

904-434-5475

Daytime Phone #

CR2E034 (9/01)