

# 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  
 MAYPRORT FL 32227  
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

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

**12074 Autumn Sunrise DR  
 Suite, Apt. #, etc.**

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



DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

Date

**904-434-5475**

Daytime Phone #

CR2E034 (9/01)