FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91204 035 ***150.00

DOCUMENT # P01000058086

1. Entity Name
Tampa Bay Yoga Center of Clearwater, Inc

B1124366

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25400 US19 N.	25400 US19 N.
Suite 107	Suite 107
Clearwater FL	Clearwater FL
Zip 33763 Country USA	Zip 33763 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725526 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Lisa Abernethy

Street Address (P.O. Box Number is Not Acceptable)
870 Pinewood Terr. W.

City Palm Harbor FL Zip Code 34683

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 Lisa M. Abernethy 5-31-02
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) ☑

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	P, V, T, S, D, C, M
NAME	Lisa M. Abernethy
STREET ADDRESS	870 Pinewood Terr. W.
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: Lisa M. Abernethy 5-31-02 (727) 789-4942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #