

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90192 003 ***150.00

DOCUMENT # P01000082396

1. Entity Name
RELAXATION STATION, INC.



Principal Place of Business
**13807 MICHELLE AVE
HUDSON FL 34667**

Mailing Address
**13807 MICHELLE AVE
HUDSON FL 34667**

20023430



2. Principal Place of Business
16034 US HWY 19
Suite, Apt. #, etc.

3. Mailing Address
16034 US HWY 19
Suite, Apt. #, etc.

City & State
Hudson, FL

City & State
Hudson, FL

4. FEI Number **59-3739714**

Applied For
Not Applicable

Zip **34667** Country **USA**

Zip **34667** Country **USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALLOT, MARK V
13807 MICHELLE AVE
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name

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

16034 US HWY 19

City **Hudson**

FL

Zip Code **34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark Wallo**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ Delete
NAME **WALLOT, MARK V**
STREET ADDRESS **13807 MICHELLE AVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16034 US HWY 19**
CITY-ST-ZIP **Hudson FL 34667**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all similar like empowered.

SIGNATURE: **Mark Wallo** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03 (727) 862-9967

CR2E034 (10/02)