

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90688 045 \*\*\*150.00

**DOCUMENT # P01000113118**

1. Entity Name  
**SKINCARE AND THERAPEUTIC MESSAGE OCALA, INC.**



Principal Place of Business  
**101 NE 50TH AVE  
OCALA FL 34471**

Mailing Address  
**101 NE 50TH AVE  
OCALA FL 34471**

2. Principal Place of Business  
**Ocala**

3. Mailing Address  
**101 NE 50TH AVE**

Suite, Apt. #, etc.  
**Ocala**

Suite, Apt. #, etc.

City & State  
**Ocala**

City & State  
**FL**

Zip  
**34470**

Country  
**USA**

Zip

Country

4. FEI Number  
**02-0532404**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEIN, GLENN M  
101 NE 50TH AVE  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name  
**JORGE A. AYALA**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 NE 50TH AVE**  
City  
**Ocala** **FL** Zip Code  
**34470**

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  
**Jorge A. Ayala**

**Vice president**

**march 12-2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, GLENN M</b>	
STREET ADDRESS	<b>101 NE 50TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>AYALA, JORGE A</b>	
STREET ADDRESS	<b>101 NE 50TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE: **Jorge A. Ayala** **Vice president** **march 12-2003** **352 694 1570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)