2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
01-13-2003 90081 007 ***150.00

DOCUMENT # P02000017223

1. Entity Name
EVOLVE WELLNESS STUDIOS & DAY SPAS, INC.

Principal Place of Business	Mailing Address
323 10TH AVENUE WEST SUITE 302 PALMETTO FL 34221	323 10TH AVENUE WEST SUITE 302 PALMETTO FL 34221

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
908 Riverside Drive	908 Riverside Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: Palmetto, FL
Zip: 34221 Country: USA	Zip: 34221 Country: USA

4. FEI Number: 27-0003916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORMAN, PATRICK J ESQ. 1800 SECOND STREET SUITE 803 SARASOTA FL 34236	Name: CAROLYN R WAYGOOD Street Address (P.O. Box Number is Not Acceptable): EVOLVE WELLNESS STUDIOS 908 RIVERSIDE DR City: PALMETTO FL Zip Code: 34221

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: Carolyn R Waygood, CAROLYN R. WAYGOOD, PRESIDENT DATE: 1/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYGOOD, CAROLYN R 4215 CALOOSA DRIVE PALMETTO FL 34221	☐ Delete	P, D WAYGOOD, CAROLYN R.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIERAK, ROBERT J 4215 CALOOSA DRIVE PALMETTO FL 34221	☐ Delete	V, D Hierak, Robert J.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYGOOD, CHARLES M JR. 4311 CALOOSA DRIVE PALMETTO FL 34221	☐ Delete	V, D WAYGOOD, Charles M.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIMPF, JAMES J 4311 CALOOSA DRIVE PALMETTO FL 34221	☐ Delete	V, D Schimpf, James J. 4007 Banbury Circle Parrish, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORMAN, PATRICK J 1800 SECOND STREET #803 SARASOTA FL 34236	☒ Delete	T, S Schimpf, MARIEL R 4007 ~~Cala~~ Banbury Circle Parrish, FL 34219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Carolyn R Waygood REQUIRED 1/7/03 (941)729-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #