

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90053 027 ***550.00

DOCUMENT # P02000020842

1. Entity Name
WHARFIDE YOGA AND FITNESS, INC.



Principal Place of Business
**1398 S W 14TH STREET
BOCA RATON FL 33486**

Mailing Address
**1398 S W 14TH STREET
BOCA RATON FL 33486**



2. Principal Place of Business
6909 N.W. 18th St.
Suite, Apt. #, etc.
A-103

3. Mailing Address
1398 S.W. 14th St.
Suite, Apt. #, etc.

City & State
Boca Raton, FL.

City & State
Boca Raton FL.

4. FEI Number
04-3640873

Applied For
Not Applicable

Zip Country
33486 Palm Beach

Zip Country
33486 Palm Beach

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUARD, SUSAN A
1398 S W 14TH STREET
BOCA RATON FL 33486**

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

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PTD	☐ Delete
NAME	HUARD, SUSAN A	
STREET ADDRESS	1398 S W 14TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VSD	☐ Delete
NAME	HUARD, ROGER	
STREET ADDRESS	1398 S W 14TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susan A Huard, President, 9/8/03 561-392-3168
Date Daytime Phone #

CR2E034 (4/03)