

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 044 ***150.00

DOCUMENT # P02000074599

1. Entity Name

RELAX & SHOP OF TAMPA BAY INC.



Principal Place of Business
**2327 CAMP INDIANHEAD ROAD
LAND O LAKES FL 34629**

Mailing Address
**2327 CAMP INDIANHEAD ROAD
LAND O LAKES FL 34629**

2. Principal Place of Business

2327 Camp Indianhead

Suite, Apt. #, etc.

3. Mailing Address

2327 Camp Indianhead Rd

Suite, Apt. #, etc.

City & State

Land o lake FL

City & State

Land o lake

Zip

Country

34629

Zip

Country

34629

4. FEI Number

352174801

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

**KERR, NYREE
2327 CAMP INDIANHEAD ROAD
LAND O LAKES FL 34629**

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 \$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 ☐ Delete
NAME **D BLAND, TONY**
STREET ADDRESS **2327 CAMP INDIANHEAD ROAD**
CITY-ST-ZIP **LAND O LAKES FL 34629**

TITLE ☐ Delete
NAME **D KERR, NYREE**
STREET ADDRESS **2327 CAMP INDIANHEAD ROAD**
CITY-ST-ZIP **LAND O LAKES FL 34629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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

Apr 30 '03
Date

**813
811-1544**
Daytime Phone #

CR2E034 (10/02)