

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 046 ***150.00

DOCUMENT # **P940000078908**

1. Entity Name

CLOUD 9... a day spa, inc

DO NOT WRITE IN THIS SPACE

B0062034

2. Principal Place of Business

227 NE 1st AVE

Suite, Apt. #, etc.

City & State

DELRAY BCH FL

Zip

33444

Country

USA

3. Mailing Address

227 NE 1st AVE

Suite, Apt. #, etc.

City & State

DELRAY BCH FL

Zip

33444

Country

4. FEI Number

65-0706489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SHEILA GLENTON

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

227 NE 1st AVE

City

DELRAY BEACH

FL

Zip Code

33444

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SHEILA GLENTON

Sheila Glenton Pres. April 1 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SHEILA GLENTON
227 NE 1st AVE DELRAY BCH
FLORIDA 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila Glenton

SHEILA GLENTON

APRIL 1 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)