

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 024 ***150.00

DOCUMENT # P96000085570

1. Entity Name
NATURALLY YOU SKIN AND BODY CLINIC, INC.



Principal Place of Business
**5152 N FEDERAL HWY
FT LAUDERDALE FL 33308**

Mailing Address
**5152 N FEDERAL HWY
FT LAUDERDALE FL 33308**

2. Principal Place of Business
**621 SE 2 Terrace
Suite, Apt. #, etc.
Pompano Bch, FL**

3. Mailing Address
**621 SE 2 Terrace
Suite, Apt. #, etc.**

City & State
Pompano Bch, FL

City & State
Pompano Bch, FL

4. FEI Number **65-0707384**

Applied For
Not Applicable

Zip **33060** Country **USA**

Zip **33060** Country **USA**

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

6. Name and Address of Current Registered Agent

**OLIVER, SARAH
5152 N FEDERAL HWY
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Sarah Oliver**

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

621 SE 2 Terrace

City **Pompano Bch** **FL** Zip Code **33060**

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 **D** ☐ Delete
NAME **OLIVER, SARAH**
STREET ADDRESS **621 SE 2ND TER**
CITY-ST-ZIP **POMPONO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SARAH OLIVER** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SARAH OLIVER

4/4/03 9547767007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)