

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90087 022 ***150.00

0361524 AV

DOCUMENT # P97000056157

1. Entity Name
RELAX WITH US, INC.

Principal Place of Business
**915 SOUTH L ST
 LAKEWORTH FL 33460**

Mailing Address
**915 SOUTH L ST
 LAKEWORTH FL 33460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3222 S. Dixie Hwy Ste C

City & State
West Palm Beach

City & State

4. FEI Number **65-0764129**

Applied For

Not Applicable

Zip
33405

Country
U.S.

Zip

Country

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

**LESUEUR, BERNADETTE
 915 SOUTH L ST
 LAKEWORTH FL 33460**

Name

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

3222 S. Dixie Highway STE. C

City **West Palm Beach, FL**

Zip Code **33405**

Bernadette LESUEUR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

AP 15 02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P LESUEUR, BERNADETT**
 STREET ADDRESS **3222 S. DIXIE HIGHWAY, STE. C**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **AP 15 02** Daytime Phone #

CR2E034 (9/01)