

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000074762

1. Entity Name
STRESS-FREE LIFESTYLES, INC.

Principal Place of Business 192 BEULAH CHURCH ROAD CRESCENT CITY FL 32112	Mailing Address ROUTE 1 BOX 234 CRESCENT CITY FL 32112
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address HC 1 BOX 234 Suite, Apt. #, etc. City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS WESLEY MIII 192 BEULAH CHURCH RD CRESCENT CITY FL 32112	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.

SIGNATURE WESLEY M. MORRIS III DATE 02/17/2000
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS WESLEY MIII	NAME		NAME		NAME	
STREET ADDRESS	192 BEULAH CHURCH ROAD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	MORRIS FAYE H	NAME		NAME		NAME	
STREET ADDRESS	192 BEULAH CHURCH ROAD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: WESLEY M. MORRIS III STD 02/17/2000