2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052997 1. Entity Name

KAREN'S STRESS MANAGEMENT INC.



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90064 022 ***150.00

			WE THE				
Principal P 2911 HOFF ORLANDO US	Place of Business FNER AVENUE FL 32812	Mailing Address 2911 HOFFNER AVENU ORLANDO FL 32812 US	JE .		ADJII BOIDI AIKR KIBIN I	O ll a (Bili c o ncen	
2. Principa	Il Place of Business	3. Mailing Address					
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING CHANG	F0	
City & St	tate	City & State		4. FEI Number 59-3518554	WARRING CHANG	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 A	Not Applicable Additional	
	6. Name and Address of Curr	ent Registered Agent		<u> </u>	Fee Requ	iired	
		- July Agent	Name	7. Name and Address of New Regi	stered Agent		
	uist, karen Definer avenue			Street Address (P.O. Box Number is Not Acceptable)			
	OFL 32812		olioci Addie.	ss (r.o. Box Number is Not Acceptable)			
; t			City		FL Zip Co		
8. The above the obligation	e named entity submits this statemer ations of registered agent.	nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida	a. I am familiar with	h, and accept	
SIGNATURE	<u>·</u>					•	
1 1	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE		
1 ^ 3	FILE NOW!!! FEE IS \$150.00				—————		
Afte	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State		 Election Campaign Finance Trust Fund Contribution. 	+	00 May Be	
10.		ND DIRECTORS					
TITLE	PT		11.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	APPLEQUIST, KAREN 2911 HOFFNER AVENUE ORLANDO FL 32812	Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
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12. I hereby ce	rtify that the information supplied with	h this filing does not qualify for t	he exemption stated in Co	Potion 110 07/0\(\text{V}\) 5			

12. 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 changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: