

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90087 023 ***150.00

DOCUMENT # P99000031142

1. Entity Name
RELAX WITH US II, INC.

Principal Place of Business Mailing Address
915 SOUTH L STREET **915 SOUTH L STREET**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1217 S. MILITARY TRAIL, STE C

City & State
West Palm Beach, FL

City & State

4. FEI Number **65-1002597**

Applied For
 Not Applicable

Zip Country
33415 **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 STREET
LAKE WORTH FL 33460

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

BERNADETTE LESUEUR

1217 S. MILITARY TRAIL, STE C
 City State Zip Code
West Palm Beach, FL 33415

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

(NOTE: Registered Agent signature required when reinstating)

Apr 15 02

DATE

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, BERNADETTE**
 STREET ADDRESS **1217 S. MILITARY TRAIL, STE. C**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 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

Apr 15 02

Date Daytime Phone #

CR2E034 (9/01)