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 LAKE WORTH FL 33460	915 SOUTH L STREET LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1217 S. MILITARY TRL, STE C	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33415 Country U.S.	Zip Country

4. FEI Number 65-1002597 ☐ Applied For ☐ Not Applicable

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 BERNADETTE LESUEUR	Name Street Address (P.O. Box Number is Not Acceptable) 1217 S. MILITARY TRAIL, STE C City West Palm Beach, FL FL Zip Code 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.

X SIGNATURE _____ Apr 15 02
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) ☑

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LESUEUR, BERNADETTE 1217 S. MILITARY TRAIL, STE. C WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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.

X **SIGNATURE:** SIGNATURE REQUIRED Apr 15 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #