

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90014 027 \*\*\*150.00

05/18/02 AV

**DOCUMENT # P01000082850**

1. Entity Name

**RACHEL'S NATURAL SKIN CARE, INC.**

Principal Place of Business

**1753 IRVING STREET  
 SARASOTA FL 34236-8423**

Mailing Address

**1753 IRVING STREET  
 SARASOTA FL 34236-8423**

2. Principal Place of Business

3. Mailing Address

**7222 South Tamiami Trail**

**7222 South Tamiami Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**201**

**201**

City & State

City & State

**Sarasota, FL.**

**Sarasota, FL.**

4. FEI Number

**65-1139985**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KADISAK, JOHNE E  
 JOHN E. KADISAK CPA PA  
 2831 RINGLING BLVD SUITE 215E  
 SARASOTA FL 34237-5353**

7. Name and Address of New Registered Agent

Name **Soucy, Rachel L.**  
 Street Address (P.O. Box Number is Not Acceptable) **7222 South Tamiami Trail suite 201**  
 City **Sarasota** FL Zip Code **34231**

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 *Rachel L. Soucy*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-25-02**

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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SOUCY, RACHEL L</b>	
STREET ADDRESS	<b>1753 IRVING STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236-8423</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Soucy, Rachel L.</b>	
STREET ADDRESS	<b>7222 South Tamiami Trail suite 201</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Rachel L. Soucy* President 4-25-02 941 926-1616  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)