

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79294

1. Entity Name

PRESTIGE SPAS, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90019 043 \*\*\*150.00

Principal Place of Business

Mailing Address

13000 AUTOMOBILE BLVD  
CLEARWATER FL 33762  
US

13000 AUTOMOBILE BLVD  
CLEARWATER FL 33762-4704  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2945796**

Applied For

Not Applied For

Zip

Country

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

WILEY, WESLEY J  
318 8TH AVENUE N., #3  
TIERRA VERDE FL 33715

Name **WILEY, WESLEY J.**

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

**369 6TH AV NORTH**

City

**Tierra Verde**

**FL**

Zip Code

**33715**

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

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, 2000 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  
DPS  
WILEY, WESLEY J  
12199 44TH STREET NORTH  
CLEARWATER FL 34622 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
WILEY, WESLEY J  
369 6TH AV NORTH  
Tierra Verde FL 33715 ☒ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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

Date

Daytime Phone #

**12-00**

**727-**

**574142**