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May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080081

1. Entity Name
SPA CALL, INC.

11034670

Principal Place of Business	Mailing Address
3545 CHESTNUT COURT JACKSONVILLE, FL 32223	3545 CHESTNUT COURT JACKSONVILLE, FL 32223

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2897 Downing St.	2897 Downing St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. FEI Number: 73-1656285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, CLIFFORD
3545 CHESTNUT COURT
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name: HUGHES, CLIFFORD
Street Address (P.O. Box Number Is Not Acceptable): 2897 Downing Street
City: JACKSONVILLE FL Zip Code: 32205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CLIFFORD 3545 CHESTNUT COURT JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUGHES, CLIFFORD 2897 Downing St. JACKSONVILLE, FLORIDA 32205	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JOANNA 3545 CHESTNUT COURT JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUGHES, JOANNA 2897 Downing St. JACKSONVILLE, FL 32205	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/30/03 904-910-0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #