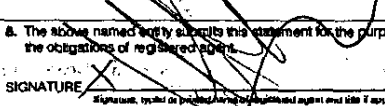
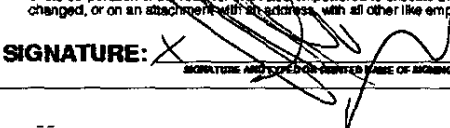


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080081			
1. Entity Name SPA CALL, INC.			
Principal Place of Business 3545 CHESTNUT COURT JACKSONVILLE, FL 32223		Mailing Address 3545 CHESTNUT COURT JACKSONVILLE, FL 32223	
2. Principal Place of Business 2897 Downing St. Suite, Apt. #, etc.		3. Mailing Address 2897 Downing St. Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32205		Zip 32205	
Country USA		Country USA	
4. FFL Number 73-1655285		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5.75 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 		DATE 4/30/03	
Signature must be printed, signed by registered agent and filed if applicable.		NOTE: Registered Agent Signature required when changing agent.	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP HUGHES, CLIFFORD 2897 Downing St. JACKSONVILLE, FLORIDA 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUGHES, JOANNA 3545 CHESTNUT COURT JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP HUGHES, JOANNA 2897 Downing St. JACKSONVILLE, FL 32205	
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	
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 trustee or trustee empowered to execute this report as required by Chapter 907, 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: 		DATE: 4/30/03 90490-0969	
Signature and typed or printed name of signing officer or director		Date	

CRF004 (10/02)