2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90062 003 ***150.00

DOCUMENT # P02000133548

1. Entity Name
HANDS ON HEALTH SPAS INC.

Principal Place of Business	Mailing Address
1301 W. EAU GALLIE BLVD 102 MELBOURNE FL 32935	1301 W. EAU GALLIE BLVD 102 MELBOURNE FL 32935

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-3888336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JACKMAN P
3730 BIG PINE RD
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name SCOTT BENNETT
Street Address (P.O. Box Number is Not Acceptable) 4913 WILD GRAPE WAY
City MELBOURNE FL Zip Code 32940

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 SCOTT BENNETT Scott Bennett V.P. 2/3/2003 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P JACKMAN, RAYMOND P 3730 BIG PINE RD MELBOURNE FL 32934	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T BENNETT, SCOTT 4913 WILD GRAPE WAY MELBOURNE FL ~~32934~~ 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S BENNETT, ~~SCOTT~~ MICHELLE 4913 WILD GRAPE WAY MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED Scott Bennett V.P. 2/3/2003 Date 321.253.3609 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR