

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91829 039 ***150.00

DOCUMENT # P95000071179



1. Entity Name
SPA KING, INC.

Principal Place of Business
600 NW 75 STREET #A
GAINESVILLE FL 32607

Mailing Address
600 NW 75 STREET #A
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3421882**

Applied For
Not Applicable

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

WOLTERS, DUSTON J
600 NW 75 STREET #A
GAINESVILLE FL 32607

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPS** ☐ Delete
NAME **WOLTERS, JOE D**
STREET ADDRESS **600 NW 75 STREET #A**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLTERS

4/23/03

352-332-7727

Date

Daytime Phone #

CR2E034 (10/02)



600 N.W. 75th Street #A
Gainesville, Florida 32607
352/332-7727

Attachment

80098060

#P95000071179

April 24, 2003

Department of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

I have not received the 2003 for profit corporation uniform business report (UBR) for Whirlpool Bath and Spas, Inc.

Last year I filed late, paid a late fee, received a second form from the State for correction, returned it and never heard from the State again. I assumed everything was all right.

Please send a form for the 2003 filing for Whirlpool Bath and Spas, Inc. I do not want to pay a late fee this year.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. D. Wolters".

J. D. Wolters