

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90211 042 ***150.00

DOCUMENT # P97000004329

1. Entity Name
AQUASPA ENTERPRISES, INC.

Principal Place of Business

**176 GOLFVIEW DRIVE
 TEQUESTA FL 33469**

Mailing Address

**176 GOLFVIEW DRIVE
 TEQUESTA FL 33469**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

372 COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

3. Mailing Address

372 COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

City & State

TEQUESTA

City & State

TEQUESTA

4. FEI Number

65-0718766

Applied For

Not Applicable

Zip

Country

33469 - 1944

PALM BEACH

Zip

Country

33469 - 1944

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KEYS, JOHN W
 176 GOLFVIEW DRIVE
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

KEYS, JOHN W

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

372 COUNTRY CLUB DRIVE

City

TEQUESTA

FL

Zip Code

33469 - 1944

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KEYS, JOHN W	
STREET ADDRESS	176 GOLFVIEW DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEYS, CHRISTOPHER A	
STREET ADDRESS	144 E. RIVERSIDE DRIVE UNIT 9-C	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, JOHN W	
STREET ADDRESS	372 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, CHRISTOPHER A	
STREET ADDRESS	7992 SE HELEN TERRACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF JOHN W. KEYS

APR 29/02 (561) 718-6506.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)