

2000 UNIFORM BUSINESS REPORT (UBR)

pg 192

DOCUMENT # 591332

1. Entity Name
Too Your Health SPA, INC.

FILED

00 JUL -5 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2841 SW 20TH ST.
OCALA, FL 34474

Mailing Address
3643 NE 8TH PLACE
OCALA, FL 34471

2. Principal Place of Business
2841 SW 20TH ST.
Suite, Apt. #, etc.

3. Mailing Address
2841 SW 20TH ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL
Zip
34474

Country
USA

City & State
OCALA, FL
Zip
34471

Country
USA

4. FEI Number
59-1855230

Applied For
Not Applicable

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

FRED SCHWEITZ
400 SW 48TH ST. RD.
OCALA, FL 34474

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
FRED SCHWEITZ
400 SW 48TH ST. RD.
OCALA, FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003334784-6
-07/25/00-01042-008
****150.00 ****150.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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]

FRED SCHWEITZ

6/27/00 (352) 237-6149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

TOO YOUR HEALTH SPA, INC.



2541 SW 20th Street ◆ Ocala, FL 34474
Phone (352) 237-6149

pg 2 of 2

June 27, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Too Your Health Spa, Inc.
Document #591332
2000 Uniform Business Report

Dear Sir/Madam:

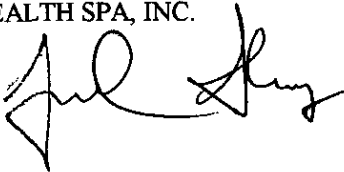
Enclosed is the 2000 UBR for the above referenced corporation together with a check in the amount of \$150.00 representing payment of the annual fee for the current year.

This report was not filed in a timely fashion because the mailing from the Department of State was not received and no "reminder" notices were received by the corporation. It is requested that the Department grant a one-time waiver of all penalties and charges.

Thank you for your consideration of this request.

Sincerely

TOO YOUR HEALTH SPA, INC.



Fred Schweitz
President

FS/bk

Enclosures