

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90014 037 \*\*\*150.00

0352174

**DOCUMENT # F25467**  
 1. Entity Name  
**HOUSE OF HOT TUBS, INC.**

Principal Place of Business 5416 WEST LINEBAUGH TAMPA FL 33624	Mailing Address 5416 WEST LINEBAUGH TAMPA FL 33624
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2072548</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
COLEGROVE, JACQUELYNE F. 10403 WILLOWBRAE DRIVE TAMPA FL 33624	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLEGROVE, JACQUELYNE F.</b>	
STREET ADDRESS	<b>10403 WILLOWBRAE DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COLEGROVE, LESLIE H.</b>	
STREET ADDRESS	<b>10403 WILLOWBRAE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COLEGROVE, BRYAN A.</b>	
STREET ADDRESS	<b>3416 TOWNHOUSE CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:** *Jacqueline Colegrove* **04/24/01** **813-962-8061**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)