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2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # F25467 1. Entity Name -2002 90038 011 ***150 00 HOUSE OF HOT TUBS, INC. Principal Place of Business Mailing Address 5416 WEST LINEBAUGH 5416 WEST LINEBAUGH TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2072548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEGROVE, JACQUELYNE F. Street Address (P.O. Box Number is Not Acceptable) 10403 WILLOWBRAE DRIVE TAMPA FL 33624 Zip Code FL 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. DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Addition TITLE ☐ Delete TITHE ☐ Change NAME NAME COLEGROVE, JACQUELYNE F. CR2E034 STREET ADDRESS STREET ADDRESS 10403 WILLOWBRAE DRIVE CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME COLEGROVE, LESLIE H. STREET ADDRESS STREET ADDRESS 10403 WILLOWBRAE DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete ☐ Change ☐ Addition TITLE TITLE NAME COLEGROVE, BRYAN A. NAME STREET ADDRESS STREET ADDRESS 3416 TOWNHOUSE CT. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 a other like expowered.

SIGNATURE:

ATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER