

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000981

1. Entity Name

SEASIDE SPAS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90001 046 ***150.00

Principal Place of Business

Mailing Address

4035 TALMADGE ROAD
 TOLEDO OH 43623

4035 TALMADGE ROAD
 TOLEDO OH 43623-3501

2. Principal Place of Business

3. Mailing Address

149 Stevens Ave.

149 Stevens Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

34-1883654

Applied For

Not Applicable

Zip

Country

34677-2916

Zip

Country

34677-2916

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

KOHN, WADE L
 149 STEVENS AVE.
 OLDSMAR FL 34677

Name

William G. Martin

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

149 Stevens Ave.

City

Oldsmar, FL

FL

Zip Code

34677-2916

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

William G. Martin

05-24-00

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 CD ☒ Delete
 NAME RICHARDS, MARGARET R
 STREET ADDRESS 4418 FALCONHURST COURT
 CITY-ST-ZIP SYLVANIA OH 43560

TITLE PD ☒ Change ☐ Addition
 NAME Martin, William G.
 STREET ADDRESS 801 East Lake Rd. #13C
 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE DT ☒ Delete
 NAME RICHARDS, MALCOLM C
 STREET ADDRESS 4418 FALCONHURST COURT
 CITY-ST-ZIP SYLVANIA OH 43560

TITLE STD ☒ Change ☐ Addition
 NAME Martin, Virginia E.
 STREET ADDRESS 801 East Lake Rd. # 13 C
 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE DV ☐ Delete
 NAME MARTIN, WILLIAM G
 STREET ADDRESS 557 LAGUNA POINT
 CITY-ST-ZIP HOLLAND OH 43528

TITLE VD ☐ Change ☒ Addition
 NAME D'amico, Ronald
 STREET ADDRESS 149 Stevens Rd.
 CITY-ST-ZIP Oldsmar, FL 34677

TITLE SD ☐ Delete
 NAME MARTIN, VIRGINIA E
 STREET ADDRESS 557 LAGUNA POINT
 CITY-ST-ZIP HOLLAND OH 43528

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William G. Martin*

William G. Martin

05-24-00

813-854-41599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #