

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000981

1. Entity Name

SEASIDE SPAS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90068 043 ***150.00

Principal Place of Business

149 STEVENS AVE
OLDSMAR FL 34677-2916

Mailing Address

149 STEVENS AVE
OLDSMAR FL 34677-2916

2. Principal Place of Business

3. Mailing Address

350 Douglas Rd E.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1883654**

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

MARTIN, WILLIAM G

149 STEVENS AVE
OLDSMAR FL 34677

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 *William G. Martin*
Signature, typed or printed name of registered agent, and title, if applicable.

William G. Martin, President

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	PD	☐ Delete
NAME	MARTIN, WILLIAM G	
STREET ADDRESS	801 EAST LAKE RD., 13C	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	STD	☐ Delete
NAME	MARTIN, VIRGINIA E	
STREET ADDRESS	801 EAST LAKE RD., 13C	
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	SD	☒ Delete
NAME	MARTIN, VIRGINIA E	
STREET ADDRESS	557 LAGUNA POINT	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE	VD	☐ Delete
NAME	D'AMICO, RONALD	
STREET ADDRESS	149 STEVENS RD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: *William G. Martin* William G. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone #

CR2E034 (10/00)