

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006266

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE SPA ALLIANCE, INC.

Current Principal Place of Business:

P.O. BOX 720605
SAN DIEGO, CA 921720605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720605
SAN DIEGO, CA 921720605

New Mailing Address:

FEI Number: 33-0682579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HAYDEN, PATRICIA
Address: 986 MAGNOLIA HEIGHTS
City-St-Zip: RAMONA, CA 92065

Title: VD () Delete
Name: MACKENZIE, SUSANNE
Address: 5058 UNIVERSITY DRIVE
City-St-Zip: SANTA BARBARA, CA 93111

Title: STD () Delete
Name: TRACY, TAGE
Address: 14119 ROARING CAMP ROAD
City-St-Zip: PAWAY, CA 92064

Title: D () Delete
Name: SUTTON, RAY
Address: 5370 REPECHE DRIVE, APT. 0-106
City-St-Zip: SAN DIEGO, CA 92124

Title: D () Delete
Name: VIKAN, CYNTHIA
Address: 2025 VIA VINA
City-St-Zip: SAN CLEMENTE, CA 92673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAGE TRACY - SIGNED

CFO

04/30/2002

Electronic Signature of Signing Officer or Director

Date