2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00189

1. Entity Name

ED'S SPAS & SOLAR, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90318 047 ***150.00

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & Suite Suite, Apt. #, etc. Check Here IF MAKING CHANGES City & Suite A. FEI Number 59-2848871 Nail Applicable	• ,			9			
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Sp-244887 Status Desired St. Conflictor of Status Desired St. 75 Additional Per Required	Suite, Apt. #, etc. Suite, Apt. #,			CHECK HERE IF MAKING CHANGES			
ROSE, JAME L., ESO. 101 S. PALMETTO AVE SUITE 6 DATTONA BEACH FL. 32074 6. The above named only submits this statement for the purpose of changing its reg stored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE S \$160.00 After May 1, 2002 Fee will be \$500.00 Action Contribution	City & State City & State			4. FEI Number 59-2848871			
ROSE, JAME L., ESO. 101 S. PALMETTO AVE SUITE 6 DAYTONA BEACH FL. 32074 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, a	Zip Country	Zip	Country	5. Certificate of Status Desired [
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Regis	tered Agent		
101 S. PALMETTO AVE SUITE 6 DAYTONA BEACH FL 32074 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent. Signature, upant 8 present agent and total apprication. ORDITE Registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent. FILE NOW!!! FEE IS \$150.00 G. After May 1, 2003 Fee will be \$500.00 G. A				,		1	
City FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyperi of present arms of implicated agent until the A spirication. (NOTE Registered Agent signature required when remission;) DATE		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	SUITE 6						
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12. 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 path; that I am an officer or director		this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furi	ther certify that the i	nformation	

12. 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 turther 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 of thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (386)671-3148