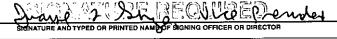
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 11, 2000 8:00 am **DOCUMENT # K31263 Secretary of State** 1. Entity Name SPA RESOURCES, INC. 02-11-2000 90023 045 \*\*\*150.00 Principal Place of Business Mailing Address % JUDITH L. SINGER % JUDITH L. SINGER 1305 NE 23RD AVE SUITE 2 1305 NE 23RD AVE SUITE 2 POMPANO BEACH FL 33062-3748 POMPANO BEACH FL 33062 2, Principal Place of Business 3. Mailing Address <sup>([</sup>DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4-FEI Number 65-0077713 City & State City & State Not Appli Żip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINGER, JUDITH L. Street Address (P.O. Box Number is Not Acceptable) 303 N RIVERSIDE DR Suite 102 2 SUITE 101 POMPANO BEACH FL 33062 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to F--Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE NAME SINGER, JUDITH L. NAME STREET ADDRESS #102e 102 STREET ADDRESS 303 N RIVERSIDE DR 33062 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Change TITLE Delete TITLE MONTESON, PATRICIA A. NAME STREET ADDRESS 303 N RIVERSIDE DR. STREET ADDRESS -#101<del>----</del> CITY-ST-ZIP 33062 CITY-ST-ZIP POMPANO BEACH FL Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COS Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP $\Box$ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 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 into 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 $\equiv$ 



1/31/00

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Daytime Phone #