

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90083 029 ****50.00

DOCUMENT # L01000014002

1. Entity Name

FLORIDA HYDROMASSAGE, L.L.C.

Principal Place of Business

**2893 SOUTHEAST ITALY ST.
PORT ST LUCIE FL 32952**

Mailing Address

**2893 SOUTHEAST ITALY ST.
PORT ST LUCIE FL 32952**

2. Principal Place of Business

10616 S. FEDERAL HWY

3. Mailing Address

10616 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-1130812

Applied For

Not Applicable

Zip

Country

32952

USA

Zip

Country

32952

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **COLE, MATT R**
STREET ADDRESS **2893 SOUTHEAST ITALY ST.**
CITY-ST-ZIP **PORT ST LUCIE FL 32952**

TITLE **MGR** ☐ Delete
NAME **COLE, EVERLIEN P**
STREET ADDRESS **2893 SOUTHEAST ITALY ST.**
CITY-ST-ZIP **PORT ST LUCIE FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

JAN 8, 2002 561-337-1711

Daytime Phone #

CR2E083 (9/01)