

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90345 039 ****50.00

DOCUMENT # M01000001325

1. Entity Name

SPA MANAGEMENT, LLC

(P)

Principal Place of Business

Mailing Address

208 E PLUME ST
 2 MONTICELLO ARCADE
 NORFOLK VA 23510

208 E PLUME ST
 2 MONTICELLO ARCADE
 NORFOLK VA 23510

2. Principal Place of Business

3. Mailing Address

580 E. MAIN ST.

580 E. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 300

Ste 300

City & State

City & State

Norfolk VA

Norfolk VA

Zip

Zip

23510

Country
 USA

23510

Country
 USA

4. FEI Number 54-2036491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
 NAME PLUME STREET FINANCIAL LLC
 STREET ADDRESS 208 E PLUME ST 2 MONTICELLO ARCADE
 CITY-ST-ZIP NORFOLK VA 23510 ☐ Delete

TITLE MGR
 NAME PLUME STREET FINANCIAL LLC ☒ Change ☐ Addition
 STREET ADDRESS 580 E. MAIN ST. Ste. 300
 CITY-ST-ZIP NORFOLK, VA 23510

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

7/18/02 (754) 627-9088

Date

Daytime Phone #

CR2E083 (4/02)