

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 016 ****70.00

DOCUMENT # N96000000650

1. Entity Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION

(LA)

Principal Place of Business: 1014 N OLIVE AVE, WEST PALM BEACH FL 33401, US
 Mailing Address: 7100 - 39 FAIRWAY DR, PMB #101A, PALM BCH GARDENS FL 33418, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 1014 N Olive Ave
 City & State: West Palm Beach
 Zip: FL 33401

4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAMHAM, ANNE T
 3355-1 PRESTWICK CIRCLE
 PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name: Anne Bramham
 Street Address (P.O. Box Number is Not Acceptable): 1014 N Olive Ave
 City: West Palm Bch FL Zip Code: 33401

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: *AT Bramham*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BRAMHAM, ANNE T STREET ADDRESS: 355-1 PRESTWICK CIR CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE: D NAME: ANON, NORMAN STREET ADDRESS: 115 NAUTICAL WAY CITY-ST-ZIP: JUPITER FL 33477	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: EAVENSON, BRADLEY STREET ADDRESS: 1300 S. A1A #625 CITY-ST-ZIP: JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE: SD NAME: BRAMHAM, SARA STREET ADDRESS: 355-1 PRESTWICK CIRCLE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE: TD NAME: EVANS, DEBORAH STREET ADDRESS: 14706 HORNSBY HILL BLVD CITY-ST-ZIP: AUSTIN TX 78734	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: Ann Moloney, D. STREET ADDRESS: 1014 N Olive Ave CITY-ST-ZIP: WPB, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Nancy Enkin, D. STREET ADDRESS: 1014 N Olive Ave CITY-ST-ZIP: WPB, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: SARA EAVENSON, VP STREET ADDRESS: 355-1 PRESTWICK CIRCLE CITY-ST-ZIP: PALM BCH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, 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: *Sara Eavenson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/25/01 (531) 802888

06 27

CR2E037 (10/00)