

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

06-12-2001 90003 027 ***158.75
 09-06-2001 90259 002 ***391.25

0071404 AV

DOCUMENT # P00000012794
 1. Entity Name
BRAMHAM SPA, INC.

Principal Place of Business
1014 N. OLIVE AVENUE
WEST PALM BEACH FL 33401

Mailing Address
1014 N. OLIVE AVENUE
WEST PALM BEACH FL 33401

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0987352** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POSNER, MICHAEL J ESQ.
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

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 **WPB** 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** DATE **8-30-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Bramham, P. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Bramham, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			1014 N. Olive Ave
			WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sara Evenson VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			1014 N. Olive Ave
			WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leah Bramham VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			1014 N. Olive Ave
			WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sara Evenson** DATE: **8-30-01** (561) 802-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)



Attachment A083249
Doc # 100000012794

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 13, 2001

BRAMHAM SPA, INC.
1014 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401

Subject: **BRAMHAM SPA, INC.**

Reference **P00000012794**
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION