

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90253 009 \*\*\*150.00

DOCUMENT # P00000031415

1. Entity Name  
SPA L'EUROPE, INC.



Principal Place of Business  
641 SABAL LAKE DR APT 205  
LONGWOOD FL 32779

Mailing Address  
PO BOX 915186  
LONGWOOD FL 32791

2. Principal Place of Business  
182 Parsons Rd.

3. Mailing Address  
182 Parsons Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Longwood, FL

City & State  
Longwood, FL

4. FEI Number 01-0567648

Applied For

Not Applicable

Zip 32779 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee, Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAGNOLI, MARISA J  
641 SABAL LAKE DR APT 205  
LONGWOOD FL 32779

Name Marisa J. Spagnoli

Street Address (P.O. Box Number is Not Acceptable)

182 Parsons Rd.

City Longwood FL Zip Code 32779

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 true if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME BERRY, MARISA J  
STREET ADDRESS 662 CORTEZ CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

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

TITLE P  
NAME SPAGNOLI, MARISA J  
STREET ADDRESS 641 SABAL LAKE DR APT 205  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 182 Parsons Rd  
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)