FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035491

1. Entity Name: Absolutely Beautiful Day Spa, Inc.

FILED
02 MAY 28 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
733 W. Colonial Dr.	9002 LK. Coventry Ct
Suite 100	
Orlando, FL	Gotha, FL
32804 USA-Orange	34734 Orange

4. FEI Number: 59-3638074 (Applied For / Not Applicable)

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sharon Somner

Street Address (P.O. Box Number is Not Acceptable): 9002 LK. Coventry Ct.

City: Gotha FL Zip Code: 34734

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: Sharon Somner Sharon Somner 5/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Somner - President 9002 LK. Coventry Ct. Gotha, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott Somner 9002 LK. Coventry Ct. Gotha, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01-02 UBR TB

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004[illegible] -06/20/02--[illegible]-004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004[illegible] -06/20/02--[illegible]-005 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005833679 1 -06/20/02--01084--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$150.00 - AK Only 150.00 - Also Temp ID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005833679 1 -06/20/02--01084--005 ****150.00 ****150.00

6R2E034B 12/01

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Somner Sharon Somner 5/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #