

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90011 010 ***150.00

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DOCUMENT # P00000043036

1. Entity Name

A-1 SPA COVERS, INC.

Principal Place of Business

Mailing Address

**6948 C VENTURE CIRCLE
 ORLANDO FL 32807**

**P.O. BOX 149428
 ORLANDO FL 32814**

2. Principal Place of Business

3. Mailing Address

INTERNATIONAL PROFESSIONAL

Suite, Apt. #, etc.

**SERVICES CORP.
 2813 S. Hiawasse Rd., # 104
 Orlando, FL 32835**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3647995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAYEE, JAGDISH M
 7545 LAUREL SPRINGS DRIVE
 WINTER PARK FL 32792**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DP** ☐ Delete
 NAME **NAYEE, JAGDISH M**
 STREET ADDRESS **7545 LAUREL SPRING DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **DS** ☐ Delete
 NAME **SHARMA, VIJAY J**
 STREET ADDRESS **1066 MANIGAN AVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

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:

V. Sharma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 407-618-8828

Date

Daytime Phone #

CR2E034-9(01)