

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90119 001 ***300.00

DOCUMENT # P00000070757

1. Entity Name
FLORIDA HOT TUB SERVICE, INC.



Principal Place of Business
1891 SE 5 CT
POMPANO BEACH FL 33060-7607

Mailing Address
P O BOX 1591
POMPANO BEACH FL 33061

2. Principal Place of Business
5100 N. FEDERAL HIGHWAY

3. Mailing Address
5100 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 409

SUITE 409

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

33308

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBA, FRED
1891 SE 5 CT
POMPANO BEACH FL 33060-7607

Name

LARRY LEGEL, CPA

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

5100 N. FEDERAL HIGHWAY, SUITE 409

City

FT. LAUDERDALE, FL

FL

Zip Code

33308

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 *Larry Legel*
Signature, typed or printed name of registered agent and title if applicable.

LARRY LEGEL
(NOTE: Registered Agent signature required when reinstating)

1-24-03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
IBA, FRED
1891 SE 5 CT
POMPANO BEACH FL 33060-7607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IBA, FRED
P.O. BOX 1591
Pompano Beach, FL 33061 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IBA, FRED
1891 SE 5 CT
POMPANO BEACH FL 33060-7607 ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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 an other like empowered.

SIGNATURE: *LARRY LEGEL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 *954-493-8900*
Date Daytime Phone #

CR2E034 (10/02)