

2002 UNIFORM BUSINESS REPORT (UBR)

0117612 AT

DOCUMENT # **P01000014873**

1. Entity Name

THE WELLNESS SPA OF HIGH SPRINGS, INC.

FILED

02 AUG -8 PM 2:50

**SECRETARY OF STATE
ALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**340 NW 1ST AVE.
HIGH SPRINGS FL 32643**

Mailing Address

**P.O. BOX 2999
HIGH SPRINGS FL 32655-2999**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**CLARK, SUZIE A
340 NW 1ST AVE.
HIGH SPRINGS FL 32643**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Suzie A. Clark*

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

(NOTE: Registered Agent signature required when reinstating)

7/17/02

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 \$550.00
After September 13, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, SUZIE A**
CITY-ST-ZIP **P.O. BOX 2999
HIGH SPRINGS FL 32655-2999**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000007662610--0**
CITY-ST-ZIP **-09/11/02--01044--017
****150.00 ****150.00**

TITLE ☐ Delete
NAME **TREASURER**
STREET ADDRESS **ROBERTS, RUSSELL A.**
CITY-ST-ZIP **P.O. BOX 2999
HIGH SPRINGS, FL 32655-2999**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Suzie A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02

Date

Daytime Phone #

386-454-8889

CR2E034 (4/02)



340 N.W. 1st. Ave.
P.O. Box 2999
386-454-8889 High Springs, FL 32655
Suzie Ann Clark, LMT #MA26973, Pres.

7/31/02

Dear Michelle Milligan
As per our telephone conversation
I am writing this letter requesting
a waiver of the 400.⁰⁰ late charge
(enclosed is my check for \$150.⁰⁰)
on the basis that I had not
received any previous notice.

This is a new corporation & both
officers are new to the state of Florida,
so we knew nothing about this & our
previous accountant did not inform
us of this report.

I understand that we can get any
additional information regarding paperwork
such as this from your website.

Thank you for your assistance &
consideration with this matter.

Suzie Ann Clark
owner/pres.