FILED
Jul 18, 2003 8:00 am
Secretary of State
07-18-2003 90075 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048929

1. Entity Name
ADVANCED SKIN CARE AND DAY SPA, INC.

90144404

Principal Place of Business
1814 LUCERNE STE E
ORLANDO, FL 32806

Mailing Address
1814 LUCERNE STE E
ORLANDO, FL 32806

[redacted]

2. Principal Place of Business		3. Mailing Address	
2270 Fountain Key Cr		2270 Fountain Key Cr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Windermere, Fl		City & State: Windermere, Fl	
Zip: 34786	Country: USA	Zip: 34786	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3719745 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WALTERS, CHAD A ESQ
174 W. COMSTOCK AVE STE 207
WINTER PARK, FL

7. Name and Address of New Registered Agent
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 ______________________
Signature, typed or printed name of registered agent and title 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, PATRICIA L 1200 S CRYSTAL LAKE DR ORLANDO, FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Walters, Patricia L 2270 Fountain Key Cr Windermere, Fl 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Patricia L. Walters Patricia L Walters 7/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-909-0820

Attachment

90144404
#P0000048929

Dept of State:

Due to a move I made I did not receive my renewal papers (UBR). I just consulted my attorney, and he said to send $150.00 and a letter of explanation & the additional fee may be waived.

I am enclosing a check for $150.00 and all address changes.

Please let me know if the additional $400.00 will or will not be waived.

Sincerely,
Tricia L. WaltersCurry

hm. 407-909-0820
email triciawcurry@aol.com