

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90089 008 ***150.00

DOCUMENT # P-010000 67088

1. Entity Name

DELAND AUTO SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 E. INTERNATIONAL SP. BLD

3. Mailing Address

929 N. SPRING GARDEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

DO NOT WRITE IN THIS SPACE

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

52-2327998

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THOMAS W COLLIER JR., ESQ.

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

929 N. SPRING GARDEN AVE

SUITE 115

City

DELAND

FL

Zip Code

32720

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)**

☒

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 DIR / PRES
NAME CESAR LUNA
STREET ADDRESS 930 HUNTERS, CREEK APT. 208
CITY-ST-ZIP DELAND, FL. 32720

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR EDUARDO LUNA

Date

Daytime Phone #

4-25-02.

CR2E034B (12/01)