

FILED

Apr 15, 2003 8:00 am
Secretary of State

03-26-2003 90148 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000105889

1. Entity Name
THE BRAMHAM SPA CENTER, INC.Principal Place of Business
1014 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401Mailing Address
1014 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020647824

Applied For

Not Applicable

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

EAVENSON, BRAD
1907 COMMERCE LANE
SUITE 104
JUPITER FL 33468

Name Sara Eavenson

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

1014 N. Olive Ave

City West Palm Bch

FL

Zip Code 33401

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)

3-21-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ANNE BRAMHAM
NAME PRESIDENT
STREET ADDRESS 2900 CARNATION CIRCLE
CITY-ST-ZIP Palm Beach Gardens, FL 33410TITLE Leah Bramham
NAME VP
STREET ADDRESS 1510 15th Ct.
CITY-ST-ZIP Palm Bch Gdns, FL 33410TITLE Sara Eavenson
NAME VP
STREET ADDRESS 400 Oyster Rd, NPB, FL 33408
CITY-ST-ZIPTITLE Connie Braudon Carlson
NAME VP
STREET ADDRESS 510 Argyle Rd.
CITY-ST-ZIP West Palm Bch, FL 33405TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Anne Bramham
STREET ADDRESS 3900 Carnation Circle
CITY-ST-ZIP Palm Bch Gardens, FL 33410TITLE Vice President
NAME Leah Bramham
STREET ADDRESS 1510 15th Ct.
CITY-ST-ZIP Palm Bch Gardens, FL 33410TITLE Vice President
NAME Sara Eavenson
STREET ADDRESS 400 Oyster Rd
CITY-ST-ZIP NPB, FL 33408TITLE Vice President
NAME Connie Braudon
STREET ADDRESS 510 Argyle Rd
CITY-ST-ZIP West Palm Bch, FL 33405TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03

Date

861-8023655

Daytime Phone #

CR2E034 (10/02)