


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90130 009 ***150.00

DOCUMENT # P02000125071	
1. Entity Name ANTONIA'S SPA, INC.	

Principal Place of Business 12551 NEW BRITTANY BOULEVARD SUITE 26-E FORT MYERS FL 33907	Mailing Address 12551 NEW BRITTANY BOULEVARD SUITE 26-E FORT MYERS FL 33907
---	---

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0761435	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

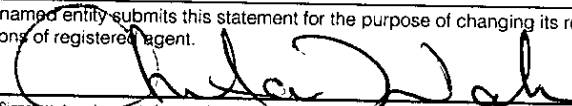
6. Name and Address of Current Registered Agent
--

WALLACE, ANTONIA 12551 NEW BRITTANY BOULEVARD SUITE 26-E FORT MYERS FL 33907

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.	DATE 2-10-03 (NOTE: Registered Agent signature required when reinstating)
--	--

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE D NAME WALLACE, ANTONIA STREET ADDRESS 703 NE 2ND PLACE CITY-ST-ZIP CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE D NAME CROWLEY, CHRISTINE STREET ADDRESS 4313 SE 18TH PLACE CITY-ST-ZIP CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE D NAME STRANGE, OLIVER R STREET ADDRESS 2116 ACKLEN AVENUE APT 3 CITY-ST-ZIP NASHVILLE FL 37212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-10-03 Daytime Phone # 239-748-1979
--	--

CR2E034 (10/02)