


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90030 023 ***150.00

DOCUMENT # P03000024796	
1. Entity Name UNIQUE SPA, INC.	

Principal Place of Business 870 S. SUN DRIVE SUITE 1024 LAKE MARY, FL 32746	Mailing Address 870 S. SUN DRIVE SUITE 1024 LAKE MARY, FL 32746
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

02282004 Chg-P CR2E034 (10/03)

4. FEI Number
36-4527410

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

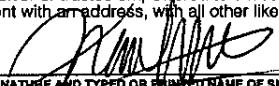
6. Name and Address of Current Registered Agent VO, HANH T. 870 S. SUN DRIVE SUITE 1024 LAKE MARY, FL 32746	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  HANH T. NGOC VO	Date 2/24/04 (607) 333-3338