

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P92000003089

1. Entity Name
SUNSPASH OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
2441 N.W. 43RD STREET SUITE 25A GAINESVILLE FL 32606	2441 N.W. 43RD STREET SUITE 25A GAINESVILLE FL 32606

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
59-3149049

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

LEE TONI K
2441 NW 43RD ST
SUITE 25A
GAINESVILLE FL 32606 US

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.

SIGNATURE _____ DATE 05/01/2001

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	Delete
NAME	LEE TONI K	<input type="checkbox"/>
STREET ADDRESS	132 NW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Toni K. Lee

Dp

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)