

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90050 003 \*\*\*158.75

**DOCUMENT # P94000047745**

1. Entity Name  
**SPAS PLUS, INC.**

Principal Place of Business <b>16283 SOUTH TAMIAMI TRAIL          FORT MYERS FL 33908</b>	Mailing Address <b>16283 S TAMIAMI TRAIL          B          FT MYERS FL 33908          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0501728</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHWED, DEBORAH M          16283 SOUTH TAMIAMI TRAIL          FORT MYERS FL 33908</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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]* DATE: **04-20-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<del>KIRCOS, CAROLYNNE</del>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>3031 EAST RIDGE COURT</del>		NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>BLOOMFIELD HILLS MI 48302</del>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWED, JIM A		NAME		
STREET ADDRESS	17281 MALAGA ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWED, DEBORAH M		NAME		
STREET ADDRESS	17281 MALAGA ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan B Schwed		NAME		
STREET ADDRESS	8454 W Topeka Dr		STREET ADDRESS		
CITY-ST-ZIP	Peoria, AZ 85382		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandi F Klein		NAME		
STREET ADDRESS	1286 Indianola Ave		STREET ADDRESS		
CITY-ST-ZIP	Columbus, OH 43201		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mindz Klein		NAME		
STREET ADDRESS	3820 Ridgedale		STREET ADDRESS		
CITY-ST-ZIP	Cincinnati, Oh 45247		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: *[Signature]* DATE: **4-20-01** DAYTIME PHONE #: **941-437-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)