## Aug 28, 2002 8:00 am Secretary of State P94000047745 DOCUMENT # 1. Entity Name 08-28-2002 90036 049 \*\*\*150.00 SPAS PLUS, INC. Mailing Address Principal Place of Business 10006 16283 S TAMIAMI TRAIL 16283 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908 FT MYERS FL 33908 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0501728 Not Applicab \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWED, DEBORAH M Street Address (P.O. Box Number is Not Acceptable) 16283 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908 Zip Code City Anging its registered office or registered agent, or both, in the State of Flgrida. 8. The above named entity submits this statement for the pur SIGNATURE E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Additi Change | TITLE Defete TITLE MAME SCHWED, ALAN B NAME STREET ADDRESS 8454 W TOPEKA DRIVE STREET ADDRESS CITY - ST- 7/F PEORIA AZ 85382 CTTY-ST-ZIP Change Additi Delete TITLE TITLE MAME SCHWED, JIM A MARKE STREET ADDRESS 17281 MALAGA ROAD STREET ADDRESS CITY-ST-7!P FT. MYERS FL 33912 CITY-ST-ZIP -- Change Delete 717: F TITLE HAME SCHWED, DEBORAH M MAME STREET ADDRESS 17281 MALAGA ROAD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Change Additi ☐ Delete TITLE klein, Brandi F NAME STREET ADDRESS STREET ADDRESS 1286 INDIANOLA AVE CITY-ST-ZIP COLUMBUS OH 43201 CITY-ST-ZIP ☐ Addit ☐ Change Delete TITLE KLEIN, MINDI MARKE STREET ADDRESS STREET ADDRESS 3820 RIDGEDALE CHY-ST-ZIP CINCINNATI OH 45247 CITY-ST-ZIP Change Addit TITLE Deicte TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 directly of the corporation or the receiver or trustee empowered to execute this point of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of the corporation of the receiver or trustee empowered to execute this point.

changed, or on an attachy

SIGNATURE:

Ah M Schued

FILED



## SPAS PLUS, Inc. THE HOME RESORT OUTFITTERS AND

16283 South Tamiami Trail Fort Myers, Florida 33908 Fax: 941-437-2887 Email: SpasPlus@aol.com

Lee: 437-2626 Collier: 434-5941 Charlotte: 629-9931

August 9, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: SPAS PLUS; lac. Document: 494000047745

In our recent bank reconciliation, it was discovered that our check # 9075 in the amount of \$150 has not yet cleared the bank.

We are reissuing check # 9219 to replace the misplaced check. Also, is the copy of the Uniform Business report that accompanied the check.

Thank you for your consideration in this matter.

Deborah Schwed

Sincerely,