

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000050173

1. Entity Name
DAYSPA U.S.A., INC.



Principal Place of Business
6785 NEWBERRY RD
GAINESVILLE, FL 32605

Mailing Address
6785 NEWBERRY RD
GAINESVILLE, FL 32605

FILED
Apr 20, 2004 08:00 AM
Secretary of State



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3384852

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARLOW, ELIZABETH
6785 NEWBERRY RD
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when ratifying)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLOW, ELIZABETH 6785 NEWBERRY RD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLOW, GREGORY 6785 NEWBERRY RD GAINESVILLE, FL 32605
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04/20/04-80053-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Elizabeth Marlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-04 239-418-0345