

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90151 036 ***150.00

DOCUMENT # P97000024983

1. Entity Name
THE SPA OF THORNTON PARK, INC.



Principal Place of Business
33 N. SUMMERLIN AVE.
ORLANDO FL 32801

Mailing Address
33 N. SUMMERLIN AVE.
ORLANDO FL 32801



2. Principal Place of Business

23 N. Summerlin Ave

3. Mailing Address

23 N. Summerlin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- NA -

- NA -

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country USA

ORANGE

Zip

32801

Country

USA

4. FEI Number

59-3435734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCKAY, WAYNE A
33 N. SUMMERLIN AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
MCKAY, WAYNE A.
Street Address (P.O. Box Number is Not Acceptable)
23 N. Summerlin Ave

City
ORLANDO

FL

Zip Code

32801

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 reinstating)

1/3/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

CR2E034 (10/02)

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PTVP MCKAY, WAYNE A 7138 MARVISTA CT. ORLANDO FL 38835</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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)(l), 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:

SIGNATURE REQUIRED

WAYNE MCKAY

1/3/03

(407) 649-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #