2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90311 018 ***150.00

041796 AV

DOCUMENT # P97000033745

1. Entity Name
JUPITER AUTO SPA, INC.

Principal Place of Business	Mailing Address
220 MAPLEWOOD DR JUPITER FL 33458	220 MAPLEWOOD DR JUPITER FL 33458

☐ CHECK HERE IF MAKING CHANGES

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 65-0746579 ☐ 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
MILLER, DONALD W ESQ 2000 PGA BLVD BLDG 4400 NORTH PALM BEACH FL 33408	Name: PETER V. DE SANCTIS, CPA Street Address (P.O. Box Number is Not Acceptable): HIXSON, MARIN, DE SANCTIS & COMPANY, P.A. 3801 PGA BLVD., SUITE 806 City: PALM BEACH GARDENS FL Zip Code: 33410

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 _____ 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEKLED, MICHAEL 3300 PGA BLVD SUITE 810 PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEKLED, MICHAEL 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OWEN, JASON 3300 PGA BLVD SUITE 810 PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OWEN, JASON 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MEKLED, RAKEN 3300 PGA BLVD SUITE 810 PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MEKLED, RAKEN 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: RAKEN MEKLED RAKEN MEKLED 5.1.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #