FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90103 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055618

1. Entity Name
THE ASPEN CENTER SEA & GARDEN SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
POST OFFICE BOX 770909
Suite, Apt. #, etc.
City & State: NAPLES, FL
Zip: 34107 Country: USA

3. Mailing Address
8 MICHAELS LANE
Suite, Apt. #, etc.
City & State: OLD BROOKVILLE, NY
Zip: 11545 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2635510 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ANNUZIATA, RICHARD S.
Street Address (P.O. Box Number is Not Acceptable): G. DONALD THOMSON, P.A.
3461 BONITA BAY BOULEVARD SUITE 220
City: BONITA SPRINGS FL Zip Code: 34134

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	
NAME	MAKI, ROBIN
STREET ADDRESS	8 MICHAELS LANE
CITY-ST-ZIP	OLD BROOKVILLE, NY 11545
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robin S. Maki 1/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #