

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000084176

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: ISLAMORADA SPA AND WELLNESS CENTER, INC.

Current Principal Place of Business:

80925 OVERSEAS HWY
UNIT #1
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

88005 OVERSEAS HWY
#10180
ISLAMORADA, FL 330363067

New Mailing Address:

FEI Number: 65-0880923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, DEBRA L
197 NAUTILUS DRIVE
ISLAMORADA, FL 330364205

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARRETT, DAVID A
Address: 88005 OVERSEAS HWY #10180
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: GAY, KEITH L
Address: # 4 13 ST
City-St-Zip: TYBEE IS, GA 31328

Title: V () Delete
Name: GARRETT, DEBRA L
Address: 88005 OVERSEAS HWY #10180
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: GAY, ANN G
Address: # 4 13 ST
City-St-Zip: TYBEE IS, GA 31328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAY, KEITH L
Address: # 4 13 ST
City-St-Zip: TYBEE ISLAND, GA 31328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAY, ANN G
Address: # 4 13 ST
City-St-Zip: TYBEE ISLAND, GA 31328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A GARRETT

P

04/11/2002

Electronic Signature of Signing Officer or Director

Date