

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087236

1. Entity Name

ALL ABOUT BODY AND SOLE DAY SPA, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 008 ***150.00

Principal Place of Business

Mailing Address

470 2ND ST N
SAFETY HARBOR FL 34695

470 2ND ST N
SAFETY HARBOR FL 34695-3614

2. Principal Place of Business

400 2nd St N
Suite, Apt. #, etc.

3. Mailing Address

400 2nd St N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Safety Harbor FL
Zip 34695 Country USA

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Safety Harbor FL
Zip 34695 Country USA

4. FEI Number 59-3542065

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

SAVASTANA, DONNA
470 SECOND STREET NORTH, #A
SAFETY HARBOR FL 34695

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
SAVASTANA, DONNA
5027 BRIDGEPORT DRIVE
SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
O'CONNELL, KARA
1065 FOURTH STREET SOUTH
SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)