

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90160 046 \*\*\*150.00

**DOCUMENT # P99000002448**

1. Entity Name

**AFFORDABLE SPA SERVICES, INC.**

Principal Place of Business

SUITE 19  
 8100 PARK BLVD.  
 PINELLAS PARK FL 34665

Mailing Address

PO BOX 7488  
 SEMINOLE FL 33775

2. Principal Place of Business

4733 122 Ave. No.

3. Mailing Address

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33762

Country

Pinellas

Zip

Country

4. FEI Number

59-3548854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILLIOT, GEORGE  
 6775 102ND AVENUE NORTH, #18-B  
 PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

George Milliot

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

4733 122 Ave No. #5

City

Clearwater

FL

Zip Code

33762

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

*George D. Milliot* George D. Milliot

4/20/01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLIOT, GEORGE	
STREET ADDRESS	6775 102ND AVENUE NORTH, #18-B	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLIOT, CLAIRE	
STREET ADDRESS	6775 102ND AVENUE NORTH, #18-B	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4733 122 Ave No. #5	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4733 122 Ave No. #5	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*George D. Milliot* George D. Milliot

4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)