

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91743 044 \*\*\*550.00

DOCUMENT # 099 000045587 ✓  
1. Entity Name  
Eclips Spa at the Biltmore

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
25 Belleview Boulevard  
Suite, Apt. #, etc.

3. Mailing Address  
25 Belleview Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL

City & State  
Clearwater FL

4. FEI Number  
59-3285055

Applied For  
 Not Applicable

Zip  
33756 Country USA Zip  
33756 Country USA

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 Robert A. Forlizzo

Street Address (P.O. Box Number is Not Acceptable)  
2903 Ragsby Lane

City Safety Harbor, FL Zip Code 34695

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 (NOIL: 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>TERREY PORTER / V. Pres / D.</u> <u>126 9th AVE. NE.</u> <u>ST. PETERSBURG, FL 33701</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres. / Sec / Treas / D.</u> <u>DEBORAH DAVIS</u> <u>126 9th AVE NE.</u> <u>ST. PETERSBURG FL 33701</u>
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CR2E034B (12/01)

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

SIGNATURE: Deborah Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2002 727-443-4024  
Date Daytime Phone # 727-895-1331