


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100724 AV

DOCUMENT # P99000045587

1. Entity Name
ECLIPS SPA AT THE BILTMORE, INC.



FILED
04 MAY 18 AM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**25 BELLEVIEW BLVD.
CLEARWATER FL 33756**

Mailing Address
**25 BELLEVIEW BLVD.
CLEARWATER FL 33756**
*126 2nd Ave NE
St. Petersburg, FL
33701*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3575777** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD DAVIS, DEBORAH L 126 9TH AVE NE SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PORTER, TERRY 126 9TH AVE NE SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date _____ Day/Time Phone # _____

CR2E034 (4/03)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Attachment

P99000045587

DOCUMENT # P99000045587

1. Corporation Name
Eclips Spa at the Biltmore Inc

2. Principal Office Address
25 Bellevue Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
126 2nd Ave NE
Suite, Apt. #, etc.

City & State
Clearwater, FL
Zip
33756
Country
USA

City & State
St. Petersburg, FL
Zip
33701
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 5/19/1999
5. FEI Number 59-3575777
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert A. Forlizzo
Street Address (P.O. Box Number is Not Acceptable)
2903 Ragsby Lane
Suite, Apt. #, Etc.
City
Safety Harbor
State
FL
Zip Code
34695

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles* | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------|-----------------------------------|--|-------------------------|
| PSTD | Deborah L. Davis | 126 9th Ave NE | St. Petersburg, FL 3370 |
| VPD | Terry T. Porter | 126 9th Ave NE | St. Petersburg, FL 3370 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Deborah L. Davis Date: May 12, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E081 (01/04)