

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049129

1. Entity Name

CONSTANTINE'S SPA & WELLNESS CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT -8 AM 9:19

Principal Place of Business

2401 W STATE RD 434, SUITE 125  
LONGWOOD FL 32779

Mailing Address

2401 W STATE RD 434, SUITE 125  
LONGWOOD FL 32779

2. Principal Place of Business

and well as *ess Center Inc*  
*Dea Constantine's spa*

Mailing Address

*2401 W.S.R 434*

Suite, Apt. #, etc.

*125*

Suite, Apt. #, etc.

City & State

*Longwood Fla*

City & State

*Longwood Fla*

Zip

*32779*

Country

*Seminole*

Zip

*32779*

Country

*U.S.A.*

REINSTATEMENT 01  
DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

*HOCK, RONALD G*

*37 N ORANGE AVE, SUITE 500  
ORLANDO FL 32801-2425*

7. Name and Address of New Registered Agent

Name

*Susan Constantine*

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

*2401 W.S.R. 434 Suite 125*

*Longwood Fla*

City

FL

Zip Code

*32779*

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

*Susan Constantine*

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

(NOTE: Registered Agent signature required when reinstating)

*9/30/2001*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	CONSTANTINE, SUSAN C	
STREET ADDRESS	2401 W STATE RD 434, SUITE 125	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004638578-9
STREET ADDRESS	-10/17/01--01001--026
CITY-ST-ZIP	****750.00 ****750.00
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 information empowered.

SIGNATURE:

*Susan Constantine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/30/2001*

Date

*407 7888585*

Daytime Phone #

CR2E034 (5/01)