

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90026 007 ***150.00

DOCUMENT # P99000068870

1. Entity Name

WIN SPA, INC.

Principal Place of Business

Mailing Address

~~985 UNIVERSITY DR~~
~~CORAL SPRINGS FL 33071~~

~~C/O SBAG~~
~~777 N. DAVIS RD. EXTENSION SUITE 102B~~
~~HOLLYWOOD FL 33024~~

2. Principal Place of Business

2855 University DR
 Suite, Apt. #, etc.
 400

3. Mailing Address

2855 University DR.
 Suite, Apt. #, etc.
 400

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

Zip

33065

Country

BROWARD

4. FEI Number

65-0940643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, FLEIGH III
~~985 UNIVERSITY DR~~
~~CORAL SPRINGS FL 33071~~

7. Name and Address of New Registered Agent

Name

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

2855 University DR.
 Suite # 400

City

CORAL SPRINGS

FL

Zip Code

33065

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

4/14/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 ☒ Delete
 NAME PHILLIPS, F. LEIGH
 STREET ADDRESS 985 UNIVERSITY STE DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33071

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME P. LEIGH PHILLIPS, III
 STREET ADDRESS 2855 UNIVERSITY DRIVE
 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

954-344-4344

Daytime Phone #

CR2E034 (10/00)