## 2002 UNIFORM BUSINESS REPORT (UBR)

ERUMPEL PROUBLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## Jun 11, 2002 8:00 am Secretary of State **DOCUMENT#** P99000070492 1. Entity Name 05-15-2002 90108 014 \*\*\*150.00 A GARDEN OF BEAUTY AND DAY SPA, INC. Principal Place of Business Mailing Address 2615 N FOREST RIDGE BLVD 2615 N FOREST RIDGE BLVD 92484 HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0943417 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 FIKES, SANDRA H Street Address (P.O. Box Number is Not Acceptable) 2815 N FOREST RIDGE BLVD HERNANDO FL 34442 City Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution, Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01)☐ Change ncilibbA 🔲 NAME FIKES, SANDRA H NAME STREET ADDRESS 2615 N FOREST RIDGE BLVD STREET ADDRESS CR2E034 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME FIKES, SANDRA H NAME STREET ADDRESS 2615 N FOREST RIDGE BLVD STREET ADDRESS CITY-ST-7IP Hernando Fl 34442 CITY-ST-ZIP TITLE TITLE NAME . Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

**FILED** 

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L. Entity Nam	MENT # P99	9000070492 PAY-SPA, INC.		Attachma	M	
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Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE ·	
City & State		City & State		4. FEI Number 65-0943417 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$0.75	
6. Name and Address of Current Registered Agent				7. Name and Address of New Regist	· · ·	
	OREST RIDGE BLVD.					<del></del> -
The above	Signature, typed or printed name of ingisters	ed agent and title it spokestile (N	OTE. Bigistered Agent signature requ	### X ( )	FL Zip Cod	
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