## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # \$58698

1. Entity Name

SHELTON'S QUALITY SPAS AND GAZEBOS, INC.



FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90063 021 \*\*\*150.00

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Surfa, Ap. 4, etc.   Guerran Ruse of Business   Sulfa, Ap. 4, etc.   Guerran   Guerran	1350 W BRANDON BLVD BRANDON FL 33510			C/O ŠANDERS 3355 BEARSS TAMPA FL 336	C/O ŠANDERS. WALTER 3355 BEARSS AVENUE TAMPA FL 33618							
City & State  City & State  County  Zip  County  S. Certificate of Stritus Desired  Fee National	2. Principal Place of Business			3. Mailing Addr	3. Mailing Address			\$ 10011018 101 91107 10114 B1110 FB101 1814 1			##### BEB## #####	
SANDERS, WALTER  SANDERS, WALTER  SASS BEARS AVENUE  TAMPA FL 33618	Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Certificate of Statutu Deserted   Fee Required   SANDERS, WALTER   Street Address of Current Registered Agent   7, Name and Address of New Registered Agent   SANDERS, WALTER   Street Address (P.O. Box Number is Not Acceptable)   Street Addre	City & Stat	е		City & State	City & State			59-3072095			<u> </u>	}
SANDERS, WALTER 3355 BEARSS AVENUE TAMPA FL 33618  City FL Zip code  6. The above named entity submits tips 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 obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of t	•		Zip	Zip Country								
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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 obligation of projective days.    SIGNATURE		•	E		Street Address			(P.O. Box Number is Not Acceptable)				
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 obligation of registered agent.    Common	TAMPA FI	L 33618										1
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	Ş.					City FL 2				Zip Code		
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		ertify that the	information supplied w	vith this filing does not			ection 11	9.07(3)(i) Florida Statutes I furthe	r certify t	hat the in		1

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 attachpien with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/83

813-689-42 19