2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

13055 49TH ST. N.

CLEARWATER FL 33762

V55648 **DOCUMENT #**

1. Entity Name

13055-49TH ST. N.

Principal Place of Business

HYDRO SPA PARTS AND ACCESSORIES INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90432 031 ***150.00

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CLEARWATER FL 33762 US			CLEAR US	CLEARWATER FL 33762 US								
2. Principal Place of Business			3. Maili	3. Mailing Address				(#811 Alibal 2118) Alius Siiri Alear II		WINT BIRT #11	91 9 18+1 (9 8)	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	ED_2110/170			olied For Applicable	
Zip		Country	Zip	Zip Country			5. (5. Certificate of Status Desired				
	6. Name	and Address of Currer	nt Registere	d Agent		7. Name and Address of New Registered Agent						
Name											ŀ	
WILEY, BRIAN K. 13055-49TH STREET N.						Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 33762				City			·	FL Z			ip Code	
•										<u> </u>		
8. The above the obligation	named entit ons of regist	y submits this statement ered agent.	for the purpo	ose of changing its r	register	ed office or re	egistered ag	ent, or both, in the State of Florid	a. Iam ta	miliar with, a	and accept	
SIGNATURE _	Signature typed	or printed name of registered age	ent and title it appl	icable. (NOTE:	Registere	ed Agent signature	required when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					-			Election Campaign Finan Trust Fund Contribution.	cing		0 May Be I to Fees	
		OFFICERS AN		RS	11.		AC	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	S IN 11	
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	CLEARWATER FL 33/02				TIT	_ +				☐ Change	☐ Addition	
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NAME	WILEY, C	HARLES S				REET ADDRESS						
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CITY-ST-ZIP	CLEARWA	ATER FL 33762			+-					Change	Addition	
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CITY-ST-ZIP						d in Contin-	119 07(3)(i) Florida Statutes, I fu	irther cert	ify that the i	nformation		
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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 attack ment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR