

DOCUMENT # 756386

1. Entity Name

ELECTROLYSIS SOCIETY OF FLORIDA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90066 011 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4550 PALMETTO AVE STE 102 WINTER PARK FL 32792 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc.

City & State Zip Country

4. FEI Number 59-2184313 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, HILDEGARD
4550 PALMETTO AVE
STE 102
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include HUDSON, GINGER; FARELLA, LUCILLE; WILLIAMSON, MICHELE; SCOTT, HILDEGARD; HERMANSPAN, KAREN; HODØE, NATIVIDAD.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1-17-2000 407-657-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)