

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90061 015 \*\*\*150.00

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**DOCUMENT # L53117**

1. Entity Name  
**T'ELEGANCE HAIR AND NAIL DESIGN INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>120 S. DIXIE HWY          #105          WEST PALM BECH FL 33401          US</b>	Mailing Address <b>120 S. DIXIE HWY          #105          WEST PALM BECH FL 33401          US</b>
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2. Principal Place of Business <b>1558 Palm Bch lakes</b> Suite, Apt. #, etc. <b>4</b>	3. Mailing Address <b>1558 Palm Bch lakes</b> Suite, Apt. #, etc. <b>4</b>
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City & State <b>West Palm Bch</b>	City & State <b>West Palm Bch</b>	4. FEI Number <b>65-0185552</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33401</b>	Country <b>FL</b>	Zip <b>33401</b>	Country <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEWIS, THERESA C          4576 BROOK DRIVE          WEST PALM BEACH FL 33417</b>	7. Name and Address of New Registered Agent Name <b>T'Elegance 4 Co. Salon Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>1558 Palm Beach lakes</b> <b>Suite 4</b> City <b>WPB</b> <b>FL</b> Zip Code <b>33401</b>
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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.

SIGNATURE Theresa C. Lewis Theresa C. Lewis DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP LEWIS, BRUCE 4576 BROOK DR WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEWIS, THERESA C 4576 BROOK DR WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP CLARK, TICO L 1247 17TH ST., APT 14 SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Theresa C. Lewis **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)