

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035264

1. Entity Name

ALLURE SALON, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90179 035 ***150.00

Principal Place of Business 1890 WEST BAY DRIVE STE. W-4 LARGO FL 33770	Mailing Address 1890 WEST BAY DRIVE STE. W-4 LARGO FL 33770-3019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2310 West Bay drive	3. Mailing Address 2310 West Bay drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo FL	City & State Largo FL	4. FEI Number 59-3185895	Applied For <input type="checkbox"/> Not Applicable
Zip 33770	Country	Zip 33770	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICHARDSON, KELLY
 701 1ST STREET
 #3
 INDIAN ROCKS BEACH FL 33782

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) #219
 8911 Blind pass Rd
 City St. Pete Beach FL Zip Code 33706

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME RICHARDSON, KELLY	
STREET ADDRESS 701 1ST ST #3	
CITY-ST-ZIP I.R.B. FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 8911 Blind pass Rd #219	
CITY-ST-ZIP St. Pete Beach FL 33706	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: Kelly Richardson Kelly Richardson Date: 2/18/00 (727) 584-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #