

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13561

1. Entity Name

HELENE SKIN CARE CLINIC, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90152 034 ***150.00

Principal Place of Business

6360 PRESIDENTIAL CT
 SUITE 2
 FORT MYERS FL 33919

Mailing Address

6301 ARC WAY
 FORT MYERS FL 33912-1358
 US

New Address
 13251
 McGregor Blvd
 Fort Myers FL 33919

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3949 Evans Ave

#205

Fort Myers FL

33901

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0315462

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUTZKE, HELENE
 6390 MARK LANE
 FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name *Helene Butzke*
 Street Address (P.O. Box Number is Not Acceptable)
90 3949 Evans Ave.
#205
 City *Fort Myers* FL Zip Code *33901*

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BUTZKE, HELENE	6360 PRESIDENTIAL CT #2	FORT MYERS FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DUDLEY, THOMAS	6390 MARK LANE	FORT MYERS FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<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:

Helene Butzke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

941-275-7766

Daytime Phone #