

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012519

1. Entity Name  
ALON CLINICAL SKIN CARE, LLC

Principal Place of Business: 323 E ROBERTSON STREET BRANDON FL 33511  
Mailing Address: 323 E ROBERTSON STREET BRANDON FL 33511

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: 59-3743454  
Applied For: Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYNES, RONALD  
323 E ROBERTSON STREET  
BRANDON FL 33511

7. Name and Address of New Registered Agent

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: HAYNES RONALD  
NAME: HAYNES RONALD  
STREET ADDRESS: 323 E. ROBERTSON ST  
CITY-ST-ZIP: BRANDON, FL 33511  
Delete

TITLE: HAYNES, CRISTINE  
NAME: HAYNES, CRISTINE  
STREET ADDRESS: 323 E. ROBERTSON ST  
CITY-ST-ZIP: BRANDON, FL 33511  
Delete

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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10. ADDITIONS/CHANGES

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
Change  Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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Change  Addition

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Change  Addition

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)