

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90108 035 ***150.00

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DOCUMENT # P96000005597

1. Entity Name
SALON SYNERGY, INC.



Principal Place of Business
**5600 PGA BOULEVARD
A202
PALM BEACH GARDENS FL 33418
US**

Mailing Address
**5600 PGA BOULEVARD
A202
PALM BEACH GARDENS FL 33418
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0632688**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEANY, ELYSE
1069 SIENA OAKS CIRCLE EAST
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEANY, ELYSE**
STREET ADDRESS **1069 SIENA OAKS CIRCLE EAST**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **GODFREY, JANET**
STREET ADDRESS **15785 WEATHERLY ROAD**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete
NAME **BORINO, ANTHONY**
STREET ADDRESS **4752 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
NAME **FISHER, JEAN**
STREET ADDRESS **2101 MAPLEWOOD DR.**
CITY-ST-ZIP **GREENACRES FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 607, 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: Elyse Meany, President **Elyse Meany, President** 4-2-2003 561-691-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)