

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90081 025 ***150.00

0023947 AV

DOCUMENT # 587751

1. Entity Name

EVOLUTION THE SALON SOURCE, INC.

Principal Place of Business

**5858 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207**

Mailing Address

**5858 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1850294**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG 100
JACKSONVILLE FL 32256**

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.

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, 2002 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 **PD** ☐ Delete
NAME **TALPALAR, BEN**
STREET ADDRESS **5858 ST. AUGUSTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☐ Delete
NAME **TALPALAR, MARK**
STREET ADDRESS **5858 ST. AUGUSTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **TD** ☐ Delete
NAME **TALPALAR, ELYSE**
STREET ADDRESS **5858 ST. AUGUSTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Delete
NAME **TALPALAR, SHARON**
STREET ADDRESS **5858 ST. AUGUSTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 **904 731 4177**

CR2E034 (9/01)