

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90002 019 ***150.00

659781

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000005258			
1. Entity Name Aesthetics Inc. of Delaware			
Principal Place of Business 2561 Nursery Rd Suite B Clearwater, FL 33764		Mailing Address Same	
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 59-3202506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent George Springer 2561 Nursery Rd, Suite B Clearwater, FL 33764		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCB NAME George Springer STREET ADDRESS 1827 Oak Lake Drive CITY-ST-ZIP Clearwater, FL 34624 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSO NAME Steven Lund STREET ADDRESS 1514 Midnight Passway CITY-ST-ZIP Clearwater, FL 34625 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Rene Reed STREET ADDRESS 1770 Braxton Bragg Lane CITY-ST-ZIP Clearwater, FL 34625 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Steven C. Lund **STEVEN C. LUND** **5-9-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

REJUVENIQUE

THE FACIAL TONING SYSTEM

Attachment
659781
Document# F93000005258

May 9, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Aesthetics, Inc. of Delaware
Document # F93000005258

Dear Sir:

I spoke to your office and was helped by Matt on May 8th, 2001. I had indicated that we never received the UBR report for the year 2001 for Aesthetics Inc. of Delaware. Matt recommended that I should go to your website and download the UBR form, complete the form and send with a check in the amount of \$150.00.

Attached is the completed and signed form.

If you need further information I can be contacted at 727-538-5445 or by email at rejuveniq@aol.com

Thank you,



Steven C. Lund
Vice President
Aesthetics, Inc. of Delaware