

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90157 033 ***150.00

DOCUMENT # F98000002088

1. Entity Name
ELIZABETH ARDEN SALONS, INC.

Principal Place of Business Mailing Address
3822 E. UNIVERSITY DR., STE. 5 **3822 E. UNIVERSITY DR., STE. 5**
PHOENIX, AZ 85034 **PHOENIX, AZ 85034**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 35-1902303 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | \$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 | DP STOUP, DAVID C 3822 E. UNIVERSITY DR., STE. 5 PHOENIX AZ 85034 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHN RICHARDS 3822 E. UNIVERSITY DR #5 PHOENIX, AZ 85034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BROADHEAD, ROBERT 3822 E. UNIVERSITY DR., STE. 5 PHOENIX AZ 85034 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSV |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TADEUSZ J. KOSSAK 3822 E. UNIVERSITY DR #5 PHOENIX, AZ 85034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASSISTANT SECRETARY GABRIELA MACKO 3822 E. UNIVERSITY DR #5 PHOENIX, AZ 85034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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: *Gabriela Macko* **GABRIELA MACKO** **4/22/02 (602) 760-2526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)