

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H23610 99-00 UBR

1. Entity Name

APPROVED  
AND  
FILED

00 AUG 21 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SAVANT BEAUTY PRODUCTS INC

~~DEA PICASSO'S SALON & SPA~~

217 AVENIDA MADERA

SARASOTA, FL 34242

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450603

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD RIDGE

8422 CYPRESS HOLLOW DR

SARASOTA, FL 34238

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)

8/17/00  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
DONALD RIDGE  
8422 CYPRESS HOLLOW DR  
SARASOTA, FL 34238

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003386193--8  
-09/08/00--01008--002  
\*\*\*\*300.00 \*\*\*\*300.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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99-00 UBR

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

DONALD W. RIDGE

8/17/00

Date

Daytime Phone #

(941) 346-1675

CR2E034 (9/99)