2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90039 007 ***150.00

030322 AV

DOCUMENT # H29696

1. Entity Name
TOTAL IMAGE SALON, INC.

Principal Place of Business	Mailing Address
711 WEST INDIANTOWN ROAD #B4 -5 JUPITER FL 33458 US	711 WEST INDIANTOWN ROAD #B4 -5 JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA.

4. FEI Number 59-2464629 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALFREY LORI S 108 PENNOCK TRACE DRIVE JUPITER FL 33458	Name Lori S. Busch Street Address (P.O. Box Number is Not Acceptable) 12 Palm Point Dr. City Jupiter FL Zip Code 33458

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 Lori S Busch
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFREY, LORI S. 108 PENNOCK TRACE DRIVE JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lori S. Busch 12 Palm Point Drive Jupiter, Fl. 33458	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALFREY, LORI 108 PENNOCK TRACE DR JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. TREAS. Lori S. Busch 12 Palm Point Dr. Jupiter, Fl. 33458	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Lori S Busch — SIGNATURE REQUIRED 2/19/02 561-744-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #