

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44242

1. Entity Name

SCOTT'S SALON ROYALE, INC.

Principal Place of Business

1400 COLONIAL BLVD
SUITE #80
FT. MYERS FL 33907
US

Mailing Address

1400 COLONIAL BLVD
SUITE #80
FT. MYERS FL 33907-1054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARTA, STEVEN
1619 JACKSON ST.
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

CARL GRECO

Street Address (P.O. Box Number is Not Acceptable)

3949 S. State Ave # 205

City

Fort Myers FL

FL

Zip Code

33901

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, 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WEISENBERGER, JANA LYNN	1400 COLONIAL BLVD SUITE 80	FT MEYERS FL 33907						
				<input type="checkbox"/> Delete		DIRECTOR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
						CHARLOTTE HORNSBY	1052 WILSHIRE DR	FORT MYERS FL 33919	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90139 025 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2510327

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required