

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90058 030 ***150.00

DOCUMENT #1. Entity Name **K71708****ROUX, INC.****Principal Place of Business****Roux Salon**
12100 US Highway 1 Ste E
North Palm Beach FL**Mailing Address****Kathleen Roux**
19002 SE Outrigger Lane
Jupiter, FL 33458**2. Principal Place of Business****12100 US Highway 1**

Suite, Apt. #, etc.

Suite E**3. Mailing Address****19002 SE Outrigger Lane**

Suite, Apt. #, etc.

City & State**North Palm Beach FL****City & State****Jupiter FL****Zip****33408****Country****Zip****33458****Country****4. FEI Number****65 0106000****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**Kathleen Roux**
19002 SE Outrigger Lane
Jupiter FL 33458**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****19002 SE Outrigger Lane****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**

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, 2001 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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Kathleen R. Roux
19002 SE Outrigger Lane
Jupiter, FL 33458☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE P**
NAME
STREET ADDRESS
CITY-ST-ZIP
Kathleen R. Roux
19002 SE Outrigger Lane
Jupiter, FL 33458☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 #

CR2E034 (11/00)