

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02187

1. Entity Name

THERAPEUTIC SKIN & HAIR STUDIO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90979 007 ***150.00

Principal Place of Business

Mailing Address

12951 METRO PKWY
 UNIT 14
 FORT MYERS FL 33912

12951 METRO PKWY
 UNIT 14
 FORT MYERS FL 33912-1390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0163798

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

HORNER, SHIRLEY
 12951 METRO PKWY
 UNIT 14
 FORT MYERS FL 33912

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)

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 ☐ Delete
 NAME D
 STREET ADDRESS HORNER, SHIRLEY
 CITY-ST-ZIP 18648 BRADENTON ROAD
 FT. MYERS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 345 MAND ST #303
 CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HORNER, JOHN
 CITY-ST-ZIP 18648 BRADENTON ROAD
 FT. MYERS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 345 MAND ST #303
 CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.00

Date

941-561-8719

Daytime Phone #

CR2E034 (9/99)