

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003745

1. Entity Name

SANIBEL BEAUTIFICATION, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 032 ****61.25

0014545

Principal Place of Business

~~2323 WOOSTER LANE SUITE 2~~
~~SANIBEL ISLAND FL 33957~~

Mailing Address

888 LIMPET
SANIBEL ISLAND FL 33957

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1011

Suite, Apt. #, etc.

City & State

City & State
Sanibel, Florida

Zip

Country

Zip

33957

Country

Lee

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SHISSLER, ADA
888 LIMPET DRIVE
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ada Shissler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

7/23/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSWELL, BILL MR.	
STREET ADDRESS	1167 SAND CASTLE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHISSLER, ADA MS	
STREET ADDRESS	888 LIMPET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAMLER, JACK MR.	
STREET ADDRESS	1410 SAND CASTLE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STAUGG, RITA MS	
STREET ADDRESS	925 LIMPET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Nancy McNeill	
STREET ADDRESS	926 Wheel Drive	
CITY-ST-ZIP	Sanibel, Florida 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Ada Shissler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ada Shissler 7/23/03 800-553-7338

CR2E037 (4/03)