

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91326 044 ***150.00

DOCUMENT # P00000013074

1. Entity Name

MARJON THE SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6633 SUPERIOR AVE.
Suite, Apt. #, etc.

3. Mailing Address
6633 SUPERIOR AVE.
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0976820

Applied For
Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JON CULVER

Street Address (P.O. Box Number is Not Acceptable)
109 GARFIELD, UNIT 201

City
SARASOTA

FL

Zip Code
34236

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 JON CULVER

05/01/02

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME JON CULVER
STREET ADDRESS 109 GARFIELD, UNIT 201
CITY - ST - ZIP SARASOTA, FL 34236

TITLE VP
NAME MARGARET J. BESHORE
STREET ADDRESS 3030 CLOVER CIRCLE
CITY - ST - ZIP SARASOTA, FL 34231

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon Culver* JON CULVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 941-925-0533
Date Daytime Phone #