

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90220 045 \*\*\*150.00

**DOCUMENT # P00000022559**

1. Entity Name

**SPLASH OF BEAUTY, INC.**

Principal Place of Business

11191 ELLISON WILSON ROAD  
 PALM BEACH GARDENS FL 33408

Mailing Address

11191 ELLISON WILSON ROAD  
 PALM BEACH GARDENS FL 33408

00010500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12523 Tangerine Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Bch, FL

4. FEI Number

65-0987425

Applied For

Not Applicable

Zip

Country

Zip

33412

Country

Palm Bch

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD  
 222 LAKEVIEW AVE., SUITE 1400  
 WEST PALM BEACH FL 33401-6149

7. Name and Address of New Registered Agent

Name

Richard M. Sapir

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

Phillips Point, West Tower, Suite 1002

777 S. Flagler Drive

City

West Palm Bch

FL

Zip Code

33401

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

*Matt Boston*

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 ☐ Delete  
 NAME D  
 STREET ADDRESS BOSTON, MATTHEW  
 CITY-ST-ZIP 441 FLOTILLA ROAD  
 NORTH PALM BEACH FL 33408

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 12523 Tangerine Blvd  
 CITY-ST-ZIP West Palm Bch, FL 33412

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Matt Boston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matt Boston, President

1/11/01

Date

561-784-8744

Daytime Phone #

CR2E034 (10/00)