FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90018 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

822427

DOCUMENT # P00000030223 ✓

1. Entity Name
MARJAN SALON SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
142 N. NOVA ROAD	678 WELLINGTON STATION BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 63	
City & State: ORMOND BEACH FL	City & State: ORMOND BEACH FL	4. FEI Number: 59-3631867 ☐ Applied For ☐ Not Applicable
Zip: 32174 Country: VOLUSIA	Zip: 32174 Country: VOLUSIA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARJAN CHASE
Street Address (P.O. Box Number is Not Acceptable): 678 WELLINGTON STATION BLVD APT 63
City: ORMOND BEACH FL Zip Code: 32174

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] 1-28-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARJAN CHASE 678 WELLINGTON STATION BLVD #63 ORMOND BEACH, FL 32174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-SEC-TREAS STEVE CHASE 678 WELLINGTON STATION BLVD #63 ORMOND BEACH FL 32174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: [signature] 1-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #