## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P00000032952 1. Entity Name CAROL'S SALON, INC. 05-19-2002 90034 032 \*\*\*150.00 Principal Place of Business Mailing Address 6131C LAKE WORTH ROAD 4317 OAK TERRACE DRIVE LAKE WORTH FL 33467 GREEN ACRES FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1017135 Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent RICHARDS, WAYNE M ESQ. 505 SOUTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 400 WEST PALM BEACH FL 33401 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME O'KEEFE, CAROL ☐ Channe Addition NAME 4317 OAK TERRACE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME O'KEEFE, RICHARD D ☐ Change ☐ Addition NAME STREET ADDRESS 4317 OAK TERRACE DRIVE STREET ADDRESS CITY-ST-ZIP **GREEN ACRES FL 33463** CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition

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 of 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 changed, or on an attachment with an address with lattorier like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

(9/01)

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