

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90113 043 ***150.00

DOCUMENT # P00000041074

1. Entity Name
APHRODITE FULL SERVICE SALON, INC.



Principal Place of Business
**1232 W. INDIANTOWN ROAD
JUPITER FL 33458**

Mailing Address
**1232 W. INDIANTOWN ROAD
JUPITER FL 33458**



2. Principal Place of Business
1232 W. Indiantown Rd.
Suite, Apt. #, etc.
Jupiter, FL
City & State

3. Mailing Address
1232 W. Indiantown Rd.
Suite, Apt. #, etc.
102
City & State
Jupiter, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1003718** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

Zip Country Zip Country
33458 USA 33458 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGIOIA, NATALIE
1232 W. INDIANTOWN ROAD
JUPITER FL 33458

Name **Natalie Di Gioia**
Street Address (P.O. Box Number is Not Acceptable)
1232 W. Indiantown Rd
City **JUPITER** FL Zip Code **33458**

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 *Natalie Di Gioia* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIGIOIA, NATALIE 1232 W. INDIANTOWN ROAD JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Natalie Di Gioia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date Daytime Phone #

CR2E034 (10/02)