

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90916 049 ***150.00

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DOCUMENT # P00000053960

1. Entity Name

SALON ST. JACQUES, INC.

Principal Place of Business

Mailing Address

~~106 CLIPPER LANE~~
~~JUPITER FL 34477~~

~~106 CLIPPER LANE~~
~~JUPITER FL 34477~~

2. Principal Place of Business

3. Mailing Address

733 HARBOUR POINT DR. 733 HARBOUR POINT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-1012290

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST JACQUES-SINGLETON, COLETTE

~~106 CLIPPER LANE~~

~~JUPITER FL 34477~~

Name

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

733 HARBOUR POINT DR.

City

NORTH PALM BEACH FL

Zip Code

33410

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

Colette Singleton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ST. JACQUES -, COLETTE**
STREET ADDRESS **106 CLIPPER LN**
CITY-ST-ZIP **JUPITER FL 33477**

☒ Change ☐ Addition
TITLE **733 HARBOUR POINT DR.**
NAME **733 HARBOUR POINT DR.**
STREET ADDRESS **733 HARBOUR POINT DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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NAME
STREET ADDRESS
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☐ Change ☐ Addition
TITLE
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:

Colette Singleton **REQUIRED**

3/27/02

(561) 254-3999

Date

Daytime Phone #

CR2E034 (9/01)