

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000059985

1. Entity Name

Healthy Complexions, Inc.

DO NOT WRITE IN THIS SPACE

FILED

02 JUN 10 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

20400 Trailside Dr.

Suite, Apt. #, etc.

3. Mailing Address

1105 Cape Coral Pkwy.

Suite, Apt. #, etc.

Suite C

DO NOT WRITE IN THIS SPACE

City & State

Estero, Florida 33

City & State

Cape Coral, Florida

4. FEI Number

59-3654051

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Darrin R. Schutt, Esq.

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

Suite C

1105 Cape Coral Parkway

City

Cape Coral

FL

Zip Code

33904

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IN THIS SPACE

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.

Darrin R. Schutt

5/28/02

(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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

PDT

Martin Bryner

STREET ADDRESS
CITY - ST - ZIP

20400 Trailside Drive
Estero, Florida 33928

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

VP D S

Lorraine Bryner

STREET ADDRESS
CITY - ST - ZIP

20400 Trailside Drive
Estero, Florida 33928

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

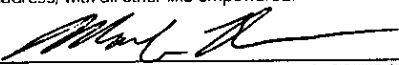
TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

SIGNATURE:



Martin Bryner, P

5/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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.

CR2E034B (12/01)

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IN THIS SPACE

52.30 - AR

10.00 - ARARST

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