

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076309

1. Entity Name
SKIN TONICS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90128 013 ***158.75

Principal Place of Business

421 GOLFVIEW DR.
NAPLES FL 34110

Mailing Address

421 GOLFVIEW DR.
NAPLES FL 34110

2. Principal Place of Business

6722 Lone Oak Blvd

Suite, Apt. #, etc.

3. Mailing Address

421 Golfview Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Naples, FL 34109

City & State
Naples, FL

4. FEI Number
59-3664840

Applied For
Not Applicable

Zip
34109

Country
USA

Zip
34110

Country
USA

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

6. Name and Address of Current Registered Agent

DUVALL, MARIE A
421 GOLFVIEW DR.
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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 filer 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
DUVALL, MARIE A
421 GOLFVIEW DR.
NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUVALL, MARIE A
421 GOLFVIEW DR.
NAPLES FL 34110 ☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 941/592-0985
Date Daytime Phone #

CR2E034 (10/00)