

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90509 018 \*\*\*150.00

0610152 AV

**DOCUMENT # P00000078802**

1. Entity Name  
**DEIDRA MARCUS SALON & SPA, INC.**



Principal Place of Business  
**2410 N.W. FEDERAL HWY  
STUART FL 34994**

Mailing Address  
**2410 N.W. FEDERAL HWY  
STUART FL 34994**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3667870**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCUS, DEIDRA  
741 WATERLILY PLACE  
JENSEN BEACH FL 34947**

Name **Deidra Marcus**

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

**12608 Cove View**

City **STUART**

**FL** Zip Code **34994**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUS, DEIDRA</b>	
STREET ADDRESS	<b>741 WATERLILY PLACE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34947</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUS, ALAN</b>	
STREET ADDRESS	<b>741 WATERLILY PLACE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUS, Deidra</b>	
STREET ADDRESS	<b>12608 Cove View</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	<b>vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUS, ALAN</b>	
STREET ADDRESS	<b>12608 Cove View</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Alan Marcus **ALAN MARCUS** **4-22-03** **772-692-2887**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)