

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90053 037 \*\*\*150.00

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DOCUMENT # **P00000079679**



1. Entity Name  
**DOLCE & ABELAS SALON & DAY SPA INC.**

Principal Place of Business  
**10000 PARK BLVD  
SEMINOLE FL 33777**

Mailing Address  
**10000 PARK BLVD  
SEMINOLE FL 33777**



2. Principal Place of Business  
**12130 75<sup>th</sup> ST. N.**

3. Mailing Address  
**12130 75<sup>th</sup> ST. N.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LARGO FL 33773**

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**LARGO FL 33773**

4. FEI Number **59-3654116**

Applied For  
 Not Applicable

Zip **33773** Country **USA**

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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

**VANAMBURGH, PAULA  
10000 PARK BLVD  
SEMINOLE FL 33777**

Name **Van AMBURGH PAULA**

Street Address (P.O. Box Number is Not Acceptable)  
**12130 75<sup>th</sup> ST. N.**

City **LARGO** FL **33773**

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 *Paula Van Amburgh*

DATE **1/14/03**

**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  Delete  
**P VANAMBURGH, PAULA**

STREET ADDRESS  
**10000 PARK BLVD**

CITY-ST-ZIP  
**SEMINOLE FL 33777**

TITLE NAME  Change  Addition  
**12130 75<sup>th</sup> ST. N.**

STREET ADDRESS  
**LARGO FL 33773**

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

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: *Paula Van Amburgh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/14/03** DAYTIME PHONE # **727-642-6428**

CR2E034 (10/02)