FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90245 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081042

1. Entity Name
JOHN MICHELLE SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2901 CLINT MOORE ROAD	2901 CLINT MOORE ROAD
Suite, Apt. #, etc. SUITE 7	Suite, Apt. #, etc. SUITE 7
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33496 Country	Zip 33496 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1036233 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name JOHN C THIMSEN
Street Address (P.O. Box Number is Not Acceptable)
1963 BETHEL BLVD
BOCA RATON FL Zip Code 33486

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 John Thimsen [signature] 4/22/02
Signature, typed or printed name of registered agent and title 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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P, T, D
NAME	JOHN C THIMSEN
STREET ADDRESS	1963 BETHEL BLVD
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S, VP, D
NAME	MICHELLE PALLACK
STREET ADDRESS	6110 ELMWOOD DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: John Thimsen [signature] 4/22/02 561-241-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #