

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90149 005 ***550.00

DOCUMENT # P00000082474

1. Entity Name
ULTIMATE BEAUTY, INC.

Principal Place of Business

4125 CLEVELAND AVE. #113
 FT MYERS FL 33901

Mailing Address

4125 CLEVELAND AVE. #113
 FT MYERS FL 33901

2. Principal Place of Business

4125 CLEVELAND AVENUE
 Suite, Apt. #, etc.
#121

3. Mailing Address

4125 CLEVELAND Ave.
 Suite, Apt. #, etc.
#121

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

Zip
33901 Country
LEE

Zip
33901 Country
LEE

4. FEI Number **65-1039992**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WIGGINS, BERTHA
133 SE 18 STREET
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name **MARLENE CATANIA**
 Street Address (P.O. Box Number is Not Acceptable)
619 S.E. 20th COURT
 City **CAPE CORAL** **FL** Zip Code **33990**

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 **MARLENE CATANIA - P-ST**

DATE **8/15/02**

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☒ Delete
 NAME **WIGGINS, BERTHA**
 STREET ADDRESS **133 SE 18 STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **ST** ☐ Delete
 NAME **CATANIA, MARLENE**
 STREET ADDRESS **1401 NW 2ND STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P ST** ☒ Change ☐ Addition
 NAME **CATANIA, MARLENE**
 STREET ADDRESS **619 S.E. 20th COURT**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

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

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

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

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

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 **MARLENE CATANIA - P-ST** DATE **8/15/02** 239-936-2287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)