

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90425 022 \*\*\*150.00

**DOCUMENT # P00000083563**

1. Entity Name  
**NUOVO LIFESTYLE SALON, INC.**

Principal Place of Business      Mailing Address  
**140 SOUTH GATE PLAZA      140 SOUTH GATE PLAZA**  
**SARASOTA FL 34239      SARASOTA FL 34239**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1039153**      Applied For  
 Not Applicable

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

**MCKEE, TERRENCE**  
**4952 TAMiami TRAIL SOUTH**  
**SARASOTA FL 34231**

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

City      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCKEE, TERRENCE<br/>2387 PALM TERRACE<br/>SARASOTA FL 34231</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>AMATO, JAMES<br/>3249 GLENNA LANE<br/>SARASOTA FL 34239</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 107, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terrence McKee (Pres)*

Office Phone #

CR2E034 (4/02)

Attachment

43198

#P00000083563

1086

**NUOVO LIFESTYLE SALON, INC.**

OPERATING ACCOUNT  
140 SOUTHGATE PLAZA  
SARASOTA, FLORIDA 34239

SARASOTA BANK  
SARASOTA, FLORIDA 34236

63-1405/631 01

4/30/2002

**PAY**

TO THE  
ORDER OF

Department of State

120114807 0029 0006 04 05-31-02 \$150.00

One Hundred Fifty and 00/100

**DOLLARS**

Department of State  
Divisions of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

MEMO

*Trueta (Pace)*  
AUTHORIZED SIGNATURE

⑈010860⑈ ⑆063114056⑆

1018208⑈

⑈0000015000

COPY

189.881 8217814818  
05/31/2002 8217814818

063000199  
120114807  
120114807 05-31-02  
120114807 0029 0006 04 05-31-02

BANK OF AMERICA, NA JAX  
⑈0630000474 E4858 98 P28  
05/30/02

6546789095

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1000068786

MAY 22 2002

**NUOVO**

Salon  
Spa

August 30, 2002

Department of State  
Divisions of Corporations  
Annual Reports Filing  
P O Box 1500  
Tallahassee FL 32302-1500

Re: # P00000083563

To Whom It May Concern:

The Landings  
924-2499

We received a notice indicating we did not pay our 2002 UBR fee. In fact, we had paid this and submitted two reports as the first one was separated from our check.

Please see the attached notice and a copy of our cleared check # 1086 for \$150.00. The information on the report is correct as is with our agent (our president of the company) and the correct FEI number.

If you have any questions, please contact me at 941-924-2499 or 941-356-5644.

Thank you for your prompt attention in correcting your files.

*Lesiah M. Ruth*  
Bookkeeper

facsimile: 924-3497  
nuovosalonandspa.com

4952 S. Tamiami Trail  
Sarasota, FL 34231

**AVEDA.**  
THE ART AND SCIENCE OF PURE  
FLOWER AND PLANT ESSENCES