

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90076 008 ***150.00

0262102 AV

DOCUMENT # P00000085707

1. Entity Name
SALON SOLEIL, INC.

Principal Place of Business
1774 HARBORSIDE CIRCLE
WELLINGTON FL 33414

Mailing Address
1774 HARBORSIDE CIRCLE
WELLINGTON FL 33414



2. Principal Place of Business

13833 WELLINGTON TRACE
 Suite, Apt. #, etc.
E5

3. Mailing Address

1774 HARBORSIDE CR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number **65-1045421**

Applied For
Not Applicable

Zip
33414

Country
PALM BEACH

Zip
33414

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

GLOVER, JACQUELINE
1774 HARBORSIDE CIRCLE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	HERUBIN, SCOTT J	
STREET ADDRESS	400 KORTUM CANYON RD	
CITY-ST-ZIP	CALISTOGA CA 94515	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GLOVER, JACQUELINE M	
STREET ADDRESS	1774 HARBORSIDE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERUBIN, SCOTT J	
STREET ADDRESS	1854 LYNTON CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
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		

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: JACQUELINE M. GLOVER
Jacqueline M. Glover
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 561 753 7388
 Date Daytime Phone #

CR2E034 (9/01)