FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099177

1. Entity Name
SALON 107 & SPA, INC.

600014379326
03/19/03--01066--015 **150.00

Principal Place of Business	Mailing Address
~~107 GATLIN AVENUE~~ ~~ORLANDO, FL 32507~~ 4556 South Semoran Blvd. Orlando, Fl. 32822	~~200 SOVEREIGN COURT~~ ~~ALTAMONTE SPRINGS, FL 32701~~
2. Principal Place of Business: 4556 S. Semoran Blvd.	3. Mailing Address: 4556 S. Semoran Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl
Zip: 32822 Country: Orange	Zip: 32822 Country: Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3677700 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DEROGATIS, CHERYL A
200 SOVEREIGN COURT
ALTAMONTE SPRINGS, FL 32701

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

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

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 / STREET ADDRESS / CITY-ST-ZIP	PTS DEROGATIS, CHERYL A 200 SOVEREIGN COURT ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Cheryl A. DeRogatis — 3-13-03 — 407-365-9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #