

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112617

1. Entity Name

SKIN SENSATIONS, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90104 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4451 DEWEY DR~~  
~~NEW PORT RICHEY FL 34052~~

~~4451 DEWEY DR~~  
~~NEW PORT RICHEY FL 34052~~

2. Principal Place of Business

8649 N. Himes Ave.

3. Mailing Address

8649 N. Himes Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 123

# 123

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

6. Name and Address of Current Registered Agent

SCHULTE, ANDREA M

~~4451 DEWEY DR~~

~~NEW PORT RICHEY FL 34052~~

8649 N. Himes Ave.

# 123

Tampa, FL 33614

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

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, 2001 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 ☐ Delete

NAME *President*  
*Andrea M. Schulte*

STREET ADDRESS *8649 N. Himes Ave. #123*

CITY-ST-ZIP *Tampa, FL 33614*

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

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 ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01

727-982-8924

CR2E034 (10/00)