

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 038 ***550.00

DOCUMENT # P00000115372

1. Entity Name
AMBIANCE SALON & SPA, INC.

Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 038 ***550.00

Principal Place of Business
1539 PARENTAL HOME ROAD
SUITE 201
JACKSONVILLE FL 32216

Mailing Address
1539 PARENTAL HOME ROAD
SUITE 201
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address
548 Spring Forest Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip
32216

Country
USA

4. FEI Number
59-3685620

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WESSELS, BARBARA A
1539 PARENTAL HOME ROAD
SUITE 201
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
Name
Barbara A. Wessels
Street Address (P.O. Box Number is Not Acceptable)
548 Spring Forest Ave.
City
Jacksonville FL Zip Code
32216

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
Barbara A. Wessels
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
9/4/01

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 \$550.00
After September 12, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WESSELS, BARBARA A
1539 PARENTAL HOME ROAD #201
JACKSONVILLE FL 32216

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
WESSELS, BEN A
1539 PARENTAL HOME ROAD #201
JACKSONVILLE FL 32216

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

548 Spring Forest Ave.
Jacksonville, FL 32216

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

548 Spring Forest Ave.
Jacksonville, FL 32216

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 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: Barbara A. Wessels
Signature and Typed or Printed Name of Signing Officer or Director DATE
9/4/01