

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 033 ***150.00

DOCUMENT # P00000115372

1. Entity Name
AMBIANCE SALON & SPA, INC.



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

Mailing Address
548 SPRING FOREST AVE
JACKSONVILLE FL 32216

2. Principal Place of Business
1539 Parental Home Rd
Suite, Apt. #, etc.
Suite 102

3. Mailing Address
548 Spring Forest Ave.
Suite, Apt. #, etc.

City & State
Jacksonville Florida

City & State
Jacksonville Florida

Zip
32216

Country
Duval

Zip
32216

Country
Duval



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3685620

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
WESSELS, BARBARA A
548 SPRING FOREST AVE
JACKSONVILLE FL 32216

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 *Barbara Wessels* **DATE** 2-11-03

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME WESSELS, BARBARA A STREET ADDRESS 548 SPRING FOREST AVE CITY-ST-ZIP JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME WESSELS, BEN A STREET ADDRESS 548 SPRING FOREST AVE CITY-ST-ZIP JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Wessels* **REQUIRED** **1-9-03** **(904) 25-2221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment # P00000115372-71-03

90025668

Dear Sirs,

I had sent my form back in Jan.
& forgot to ad my check of 150.00. Thank
you for the new form. I don't want to
change anything - just want to file for yearly
fees.

Thank you

Barbara Wend

904-887-9695

904-725-5481