

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115841

1. Entity Name
AUBREY GLENN SALON, INC.

Principal Place of Business
9091 N MILITARY TRAIL SUITE 17
PALM BEACH GARDENS FL 33418

Mailing Address
9091 N MILITARY TRAIL SUITE 17
PALM BEACH GARDENS FL 33418

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-08-2002 90038 045 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNCY, AUBREY
9091 N MILITARY TRAIL SUITE 17
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 33418

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MUNCY, AUBREY
9091 N MILITARY TRAIL SUITE 17
PALM BEACH GARDENS FL 33410

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9089 NORTH MILITARY TRAIL-SUITE 32

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MUNCY, REBA
9091 N MILITARY TRAIL SUITE 17
PALM BEACH GARDENS FL 33410

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9089 NORTH MILITARY TRAIL-SUITE 32

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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)(l), 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 the 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 #

CR2E034 (9/01)