4/9/2002-90732-048-$

FILED
Jul 31, 2002 8:00 am
Secretary of State

04-09-2002 90732 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117835

1. Entity Name

KIM F. FRAZIER, INC.

Kim F Frazier Inc

[redacted]

[redacted]

Principal Place of Business	Mailing Address
~~1038 GROVELAND AVE. VENICE FL 34292~~ dba Diane K Salon + Spa 4150 S. Tamiami Tr Sarasota Fl 34231	1038 GROVELAND AVE. VENICE FL 34292

Kim F Frazier Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
in- Diane K Salon + Spa	~~F~~ 4150 So. Tamiami Tra
Suite, Apt. #, etc. 4150 South Tamiami Tr	Suite, Apt. #, etc.
City & State Sarasota Florida	City & State Sarasota Florida
Zip 34231 Country Sarasota	Zip 34231 Country Sarasota

4. FEI Number 65-1062478 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, KIM F (Home)
1038 GROVELAND AVE.
VENICE FL 34292

Frazier Kim F
4150 So. Tamiami Tr
Sarasota Fl 34231 (work)

7. Name and Address of New Registered Agent

Name Kim F Frazier Pres.
Street Address (P.O. Box Number is Not Acceptable) 1036 Groveland Ave
City Venice FL Zip Code 34292

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 Kim F Frazier - President 3/29 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President / Kim F Frazier / 1036 Groveland Ave / Venice Fl 34292 ☐ 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
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CR2E034 (8/01)

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: Kim F Frazier — 3-29-02 — 941 926 8715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #