

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90049 040 ***150.00

DOCUMENT # P01000018357

1. Entity Name
KATHERINE ANNE'S SALON & DAY SPA, INC.

Principal Place of Business
**1101 BLACK ACRE COURT SOUTH
WINTER SPRINGS FL 32708**

Mailing Address
**1101 BLACK ACRE COURT SOUTH
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**IDDINGS, KATHERINE ANNE
1101 BLACK ACRE COURT SOUTH
WINTER SPRINGS FL 32708**

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

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 \$550.00
After September 13, 2002 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
**D
IDDINGS, KATHERINE ANNE
1101 BLACK ACRE COURT SOUTH
WINTER SPRINGS FL 32708**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

August 15, 2002

PO1 000018357
123906

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee FL 32302-1500

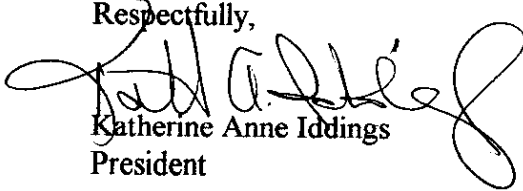
RE: Katherine Anne's Salon & Day Spa, Inc.
1101 Black Acre Ct. So.
Winter Springs FL 32708

TIN # 59 369 8822

Dear Sir or Madame:

This is a formal request for waiver of the late fee assessed on the above named corporation for late filing of the UBR. Please note this is my first year incorporated as well as the fact that this was my first notification.

Respectfully,


Katherine Anne Iddings
President