

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032991

1. Entity Name  
ESSENTIAL IMAGE SALON, INC.

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90062 012 \*\*\*150.00

Principal Place of Business

8951 BONITA BCH RD., #555  
BONITA SPRINGS FL 34135

Mailing Address

8951 BONITA BCH RD., #555  
BONITA SPRINGS FL 34135

00004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8951 Bonita Beach Rd  
Suite, Apt. #, etc.  
555

3. Mailing Address

8951 Bonita Beach Rd  
Suite, Apt. #, etc.  
555

City & State  
Bonita Springs, FL

Zip  
34135

Country  
U.S.

City & State  
Bonita Springs, FL

Zip  
34135

Country  
U.S.

4. FEI Number

65-1093246

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BOHNKE, SANDRA K  
282 MADISON DR.  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name  
Sandra K. Bohnke

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

282 Madison Dr

City  
Naples

FL

Zip Code

34110

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 Sandra K. Bohnke  
Signature, typed or printed name of registered agent and title if applicable.

Sandra K. Bohnke Jan. 6, 2002  
(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
BOHNKE, SANDRA K  
282 MADISON DR.  
NAPLES FL 34110 ☐ 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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: Sandra K. Bohnke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 6, 2002 498-6996  
Date Daytime Phone #

CR2E034 (9/01)