

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 009 \*\*\*150.00

DOCUMENT # P01000038017

1. Entity Name

DEBRA WILSON @ AHEAD OF TIMES SALON, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3809 72nd Ave Terrace

Suite, Apt. #, etc.

3. Mailing Address

3809 72nd Ave Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sarasota, FL

City & State  
Sarasota, FL

4. FEI Number  
65-1097530

Applied For  
Not Applicable

Zip  
34243

Country  
USA

Zip  
34243

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Debra Wilson

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

3809 72nd Ave Terrace

City  
Sarasota, FL 34243

FL

Zip Code  
34243

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	D Debra Wilson 3809 72nd Ave Terrace Sarasota, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debra Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA WILSON

Date

Daytime Phone #

CR2E034B (12/01)