

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044086

1. Entity Name

NAPLES MICRODERMABRASION CENTER, INC.

Principal Place of Business

730 GOODLETTE RD N STE 206
NAPLES FL 34102

Mailing Address

730 GOODLETTE RD N STE 206
NAPLES FL 34102

2. Principal Place of Business

814 Anchor Lode

Suite, Apt. #, etc.

3. Mailing Address

530 Spinnaker Dr

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip 34103

Country

Zip 34102

Country

4. FEI Number

59-3422561

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, RONALD W
5129 CASTELLO DR STE 4
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 D
NAME VICTOR, DEBRA L
STREET ADDRESS 6555 RIDGEWOOD DR
CITY-ST-ZIP NAPLES FL 34108

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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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.

CR2E034 (4/02)

SIGNATURE: *Debra L. V. Mctored*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-02

Attachment

978410

#PD1000044086

This letter is to inform you that I moved and never received any original notice. Please waive penalties and interest.

Thank you,
Debra Victor