

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90373 041 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

814 Anchor Road
 Suite, Apt. #, etc.

3. Mailing Address

530 Spinnaker Dr
 Suite, Apt. #, etc.

City & State

Naples FL.

City & State

Naples FL.

4. FEI Number

59-3722561

Applied For

Not Applicable

Zip

Country

34103

Zip

Country

34102

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **530 Spinnaker Dr.**
 CITY-ST-ZIP **Naples FL 34102**

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

TITLE ☐ Change ☐ Addition
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CR2E034 (4/02)

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:

Debra Victor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-02

Attachment

9702410

#PD000044086

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

Thank you,
Debra Victor