

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/10/2003-90112-040-\$150.00-\$150.00

0138305

DOCUMENT # **P01000053778**

1. Entity Name
ROYAL PALM HAIR STUDIO, INC.



FILED
Jul 23, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
**981 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Mailing Address
**1225 SKYLINE DR.
NAPLES FL 34114**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3722856**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**NELSON, E R MR
1225 SKYLINE DR
NAPLES FL 34114**

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 _____

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NELSON, E. RAMON 1225 SKYLINE DR. NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, CATHERINE D 1225 SKYLINE DR. NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

7-6-03 **239-417-2929**
Date Daytime Phone

CR2E034 (4/03)

7/24

Royal Palm Hair Studio, Inc.

1225 Skyline Dr
Naples, FL 34114
Phone: 239 417 2929

Florida Department of State
Secretary of State
Glenda E. Hood
Div of Corporations
P.O. Box 6327
Tallahassee, FL 32314

7-08-03

Reference: 2003 Uniform Business Report.

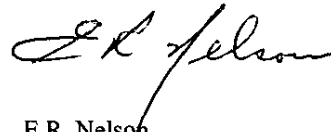
To whom it may concern:

Please be advised we received no prior mailing of notification for the above referenced report.

Enclosed please find the \$150.00 filing fee as noted in section 1. of the "Frequently Asked Questions" section of the notification we did receive.

You may contact E. Ramon Nelson at the mailing address shown on the form or at 239-417-2929, if you have any further concerns.

Thank you:



E.R. Nelson
President, Royal Palm Hair Studio

Justin: This is a copy of the
letter we spoke about in our
phone conversation of 7-21-03.

Thanks
