

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

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90102 047 \*\*\*150.00

**DOCUMENT #** PO10000121048

1. Entity Name

SALVATORE'S Hair + nail Design, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3877 SE Lake Weir Ave.

3. Mailing Address

1128 SE 35<sup>th</sup> ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34480

Country

Zip

34471

Country

4. FEI Number

80-0001971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Colleen M. House

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

1128 SE 35<sup>th</sup> ave

City

OCALA, FL.

**FL**

Zip Code

34471

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

Colleen M. House

4/4/02

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  
President  
Colleen M. House  
1128 SE 35<sup>th</sup> ave, Ocala FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Edward Phillip Chadwick House  
1128 SE 35<sup>th</sup> ave, Ocala FL 34471

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

Colleen House

4/4/02

(352) 624-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)