

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-20-2003 90092 029 ***150.00

DOCUMENT # P02000010620

1. Entity Name

T'ELEGANCE & CO. SALON, INC.



Principal Place of Business
1558 PALM BEACH LAKES BLVD., SUITE 4
WEST PALM BEACH FL 33401

Mailing Address
1558 PALM BEACH LAKES BLVD., SUITE 4
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

330993992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, KEITH A ESQ.
222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Theresa C Lewis
Street Address (P.O. Box Number is Not Acceptable)
45716 Brook Dr
City: WPB FL Zip Code: 33417

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 changing)

3/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE: D
NAME: LEWIS, THERESA C
STREET ADDRESS: 1558 PALM BEACH LAKES BLVD., SUITE 4
CITY-ST-ZIP: WEST PALM BEACH FL 33401

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NAME:
STREET ADDRESS:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
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CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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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

3/18/03

Date

Daytime Phone #

CR2E034 (10/02)