

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-08-2003 90158 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000031408



1. Entity Name
ELECTROLYSIS & LASER HAIR REMOVAL OF THE PALM BEACHES, INC.

Principal Place of Business
29 N. ORANGE AVENUE
JUPITER FL 33458

Mailing Address
29 N. ORANGE AVENUE
JUPITER FL 33458

55048042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1008210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOL, MICHELE
29 N. ORANGE AVENUE
JUPITER FL 33458

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 reinstalling)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
D NICOL, MICHELE
STREET ADDRESS
29 N. ORANGE AVENUE
CITY-ST-ZIP
JUPITER FL 33458 ☐ Delete

TITLE NAME
D MCALLISTER, STEPHANIE
STREET ADDRESS
29 N. ORANGE AVENUE
CITY-ST-ZIP
JUPITER FL 33458 ☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)