

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90537 001 ***158.75

DOCUMENT # P02000044117

1. Entity Name

I.C.E. BEAUTY SCHOOL AND SPA TRAINING CENTER, IN

C.



Principal Place of Business
280 S STATE RD 434, STE 2045
ALTAMONTE SPRINGS FL 32714

Mailing Address
280 S STATE RD 434, STE 2045
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

1135 BRANTLEY EST. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALTAMONTE SPRING, FL

Zip

Country

Zip

Country

32714

USA

4. FEI Number

71-0877409

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

COHEN, DAVID S ESQUIRE
5728 MAJOR BLVD, STE 550
ORLANDO FL 32819

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 \$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 ☐ Delete
NAME D
STREET ADDRESS OSBORNE, DONNA J
CITY-ST-ZIP 1135 BRANTLEY ESTATES DR
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME D
STREET ADDRESS OSBORNE, JAMES S
CITY-ST-ZIP 19455 HOAG CT
MUNDELIN IL 60060

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

TITLE ☒ Delete
NAME D
STREET ADDRESS OSBORNE CHENOWETH, TRACY E
CITY-ST-ZIP 14759 INNSBROOK LN
LOCKPORT IL 60441

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

TITLE ☐ Delete
NAME D
STREET ADDRESS OSBORNE DECHENE, MICHELLE L
CITY-ST-ZIP 14230 BLAINE
POSEN IL 60469

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Donna J Osborne

DONNA J OSBORNE 407-862-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)