2003 FOR PROFIT CORPGRATION UNIFORM BUSINESS REPORT (UBR

FILED Feb 05, 2003 8:00 am Secretary of State

01-10-2003 90104 036 ***150.00

P02000064650 1. Entity Name The Wax Zone



JULTAM, INC. Principal Place of Business Mailing Address 55004948 SOIS BLUE HERON WAY SAME SOLD DILUZ HERON WAY BOCA RATON FL 00400 5601 N. Federal Highway BOCA RATON FL-69433 2. Principal Place of Business 3. Mailing Address N Federal 5601 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State BOC a Rockey Applied For Fl 307 1018 Not Applicable ^{Zip}33 Zip. 348 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7.-Name and Address of New Registered Agent: Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1000 W AVENUE STE 1114 MIAMI BEACH FL 33139 City 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. 1 am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and life 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Juli K Duridson - Tempa Brandt TITLE (10/02)DAVIDSON, JULI K The Wax Zone Spot N. Federal Highway NAME 5015 BLUE HERON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CR2E034 CITY-ST-ZIP Boca Rating, F1. TIELE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Defete -TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF City-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: