

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/11/2003-90064-024-\$150.00-\$150.00

FILED

03 JUN 23 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066755

1. Entity Name

Haven Spa & Salon, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1216 Woodridge Ct.

Suite, Apt. #, etc.

3. Mailing Address

1216 Woodridge Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

none

Applied For

☒ Not Applicable

Zip

32714

Country

Zip

32714

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Natalie Thompson

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

1216 Woodridge Ct.

City

Altamonte Springs

FL

Zip Code

32714

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

6/9/03

DATE

January 1, May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Thompson, Natalie
1216 Woodridge Ct.
Altamonte Springs, FL 32714

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

DATE

407-522-5766

Daytime Phone #

CR2E034B (12/02)

7/6/23

mailed 6/9/03
re-mailed 6/20/03

6/9/03

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500
Ph: 850-245-6052

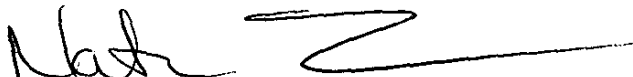
To Whom It May Concern:

Enclosed you will find a completed application and check in the amount of \$150--
to renew my corporation name, Haven Spa and Salon, Inc. I did not receive a renewal
update in the mail for the UBR. If you have any questions please contact me at the
address and number listed below:

Natalie J. Thompson
Haven Spa and Salon, Inc.
1216 Woodridge Court
Altamonte Springs, FL 32714

PH: 407-522-5766 or
407-758-6539

Sincerely,



Natalie Thompson