

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90438 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074401

1. Entity Name
TIERRA VERDE SALON & SPA, INC.



Principal Place of Business
1110 PINELLAS BAYWAY STE 210
TIERRA VERDE FL 33713

Mailing Address
1110 PINELLAS BAYWAY STE 210
TIERRA VERDE FL 33713

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

03-0470165

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, JOHN M ESQ.
1474 JORDAN HILLS CT
CLEARWATER FL 33768

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 fee if applicable.

(NOTE: Registered Agent Signature required when reappointing)

1.31.03

DATE

FILE NOW! FEB 19 \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	FORBES, DEBORAH A	☐ Delete
NAME		1110 PINELLAS BAYWAY STE 210	
STREET ADDRESS		TIERRA VERDE FL 33713	
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
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CITY-STATE-ZIP			

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

COPY

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]

2.19.03

864-3022

Signature and typed or printed name of signing officer or director

Date

Daytime Phone