


FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 91306 032 ***150.00

55641328



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000074742																																							
1. Entity Name CHARM BEAUTY SALON, INC.																																							
Principal Place of Business 2860 RINGLING BLVD SARASOTA FL 34237		Mailing Address 2860 RINGLING BLVD SARASOTA FL 34237																																					
2. Principal Place of Business		3. Mailing Address 5900 S. TAMiami TRAIL SUITE I																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip		Country																																					
34231		USA																																					
4. FEI Number		Applied For																																					
60-0003500		Not Applicable																																					
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent																																							
ASTRONSKAS, CATHERINE L 5900 S. TAMiami TRAIL SUITE I SARASOTA FL 34231																																							
7. Name and Address of New Registered Agent																																							
Name: CATHERINE L TRACY Street Address (P.O. Box Number is Not Acceptable): 5900 S. TAMiami TRAIL SUITE I City: SARASOTA FL 34231																																							
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: Catherine L. Tracy DATE: 1-20-03 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>																																							
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS																																							
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																							
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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: Kellee Houser-Ray DATE: 4/23/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																							

CR2E034 (10/02)