

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-24-2003 91018 046 ***150.00

DOCUMENT # P02000090198

1. Entity Name
HARBOUR SALON, INC.



Principal Place of Business
**15271-20 MCGREGOR BLVD
MCGREGOR POINTE SHOPPING CENTER
FORT MYERS, FL 33908**

Mailing Address
**15271-20 MCGREGOR BLVD
MCGREGOR POINTE SHOPPING CENTER
FORT MYERS, FL 33908**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
56-2286917

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

**MELCHIORRE, DOMIZIO
15271-20 MCGREGOR BLVD
MCGREGOR POINTE SHOPPING CENTER
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

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's signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to: Florida Department of State
Use for Corporate Filings Only**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVS	☐ Delete
NAME	MELCHIORRE, DOMIZIO	
STREET ADDRESS	15271-20 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Domizio Melchiorre

3-15-03

239-482-0844

DOMIZIO MELCHIORRE

Date

Daytime Phone #

CR2E034 (10/02)