

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90056 014 ***150.00

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FD

DOCUMENT # P02000125640

1. Entity Name

COMPLEXTIONS PLUS, INC.



Principal Place of Business

2701 W. STATE ROAD 343
SUITE 111
LONGWOOD FL 32779

Mailing Address

2701 W. STATE ROAD 343
SUITE 111
LONGWOOD FL 32779

000411007



2. Principal Place of Business

2901 W STATE ROAD 434

3. Mailing Address

2901 W. STATE ROAD 434

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

SUITE 111

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

4. FEI Number

33-1030760

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

PRICE, HAZEL R

2701 W. STATE ROAD 343

SUITE 111

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

PRICE, HAZEL R

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

2901 W. STATE ROAD 434

SUITE 111

City

LONGWOOD

FL

Zip Code

32779

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 signature required when reinstating)

DATE

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, HAZEL R	
STREET ADDRESS	2701 W. STATE ROAD 343	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, HAZEL R.	
STREET ADDRESS	2901 W. STATE ROAD 434	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MARCH 2003 407 786 5414

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90041987
#P02000125640

Complexions ^{attachment} Plus
P02000125640

has not moved, the
address was incorrect

Hazel R. Rice.