

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035264

1. Entity Name

ALLURE SALON, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90179 035 ***150.00

Principal Place of Business

Mailing Address

1890 WEST BAY DRIVE
STE. W-4
LARGO FL 33770

1890 WEST BAY DRIVE
STE. W-4
LARGO FL 33770-3019

2. Principal Place of Business

3. Mailing Address

2310 West Bay drive
Suite, Apt. #, etc.

2310 West Bay drive
Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

4. FEI Number

59-3185895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, KELLY
701 1ST STREET
#3
INDIAN ROCKS BEACH FL 33782

Name

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

8911 Blind pass Rd #219

City

St. Pete Beach

FL

Zip Code

33706

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RICHARDSON, KELLY
STREET ADDRESS 701 1ST ST #3
CITY-ST-ZIP I.R.B. FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8911 Blind pass Rd #219
CITY-ST-ZIP St. Pete Beach FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

Kelly Richardson

2/18/00 (727) 584-8078