


2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 015 ***150.00

| | |
|---|---|
| DOCUMENT # P93000055247 |  |
| 1. Entity Name YANA'S SALON, INC. | |

DO NOT WRITE IN THIS SPACE

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|---|---|
| 2. Principal Place of Business 2039 MOUND ST. | 3. Mailing Address 2039 MOUND ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

50005086

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|---|---|---|--|
| City & State ORANGE PARK, FL. | City & State ORANGE PARK, FL. | 4. FEI Number 59-3192121 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32073 | Country U.S.A. | Zip 32073 | Country U.S.A. |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

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|--|--------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name PERKINS, YANA P. | |
| Street Address (P.O. Box Number is Not Acceptable) 324 DEVONSHIRE LANE | |
| City ORANGE PARK, FL | Zip Code 32073 |

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 |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PERKINS, YANA P. 324 DEVONSHIRE LANE ORANGE PARK, FL, 32073 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Yana P. Perkins** (PRESIDENT)
YANA P. PERKINS, 1/4/05, 904-269-9262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)