## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P94000010133 1. Entity Name ELITE ACADEMY OF SKIN & NAILS, INC. 03-12-2001 90426 034 \*\*\*150.00 Principal Place of Business Mailing Address 1539 MAIN ST 1539 MAIN ST DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address 1559 MAW STREET 1559 MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . Applied For City & State 4. FEI Number 59-3232381 DUNGOIN FURDA Not Applicable LORIDA DUNEDIN Country \$8.75 Additional 5. Certificate of Status Desired 34698 34698 Fee Required USAUSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDIANN V. MONAGHAN SYLVIE P HERRERA Street Address (P.O. Box Number is Not Acceptable) 1569 MAIN STREET **DUNEDIN FL 34698** Zip Code **3469** 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, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete ☐ Change ☐ Addition TITLE TITLE HERRERA, SYLVIE P NAME NAME STREET ADDRESS STREET ADDRESS 3023 SEAN WAY CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Change ☐ Delete TITLE TITLE NAME NAME JUDIANN V. MONAGHAN STREET ADDRESS STREET ADORESS 1569 MAIN STROET CITY-ST-ZIP CITY-ST-ZIP DUNEOIN, FL 34698 Change TITLE CATHERINE ATZEN Delete TITLE NAME 22525 OAK FLAT ROAD NAME STREET ADDRESS STREET ADDRESS LOS GATOS, CA. 95033 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Robert MONAGHAN NAME 1569 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNGDIN, FL 34698 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MUNAShAN, Mes.

JUDIANN V.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: