

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000152

1. Entity Name

SUZZAN DAVID SALON DAY SPA & CO., INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90216 019 ***150.00

Principal Place of Business

120 INTERNATIONAL PARKWAY
SUITE 128
LAKE MARY FL 32746
US

Mailing Address

120 INTERNATIONAL PARKWAY
SUITE 128
LAKE MARY FL 32746
US

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

59-3292835

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

WIGGINS, SUZANNE M.
24135 MILFORD DRIVE
EUSTIS FL 32726

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.

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, 2001 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 P
NAME WIGGINS, SUZANNE M.
STREET ADDRESS 24135 MILFORD DRIVE
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE V
NAME WIGGINS, DAVID C.
STREET ADDRESS 24135 MILFORD DRIVE
CITY-ST-ZIP EUSTIS FL 32726 ☒ Delete

TITLE T
NAME WIGGINS, JACK L. JR.
STREET ADDRESS 5400 N.W. 39TH AVE., APT. 1-59
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

3 - 12 - 01 407-333-3571

CR2E034 (10/00)

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