

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2001 90216 019 ***150.00

0000666

DOCUMENT # P95000000152

1. Entity Name

SUZZAN DAVID SALON DAY SPA & CO., INC.

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

**WIGGINS, SUZANNE M.
 24135 MILFORD DRIVE
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

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	<input type="checkbox"/> Delete
NAME	WIGGINS, SUZANNE M.	
STREET ADDRESS	24135 MILFORD DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, DAVID C.	
STREET ADDRESS	24135 MILFORD DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, JACK L. JR.	
STREET ADDRESS	5400 N.W. 39TH AVE., APT. 1-59	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
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:

Suzanne M Wiggins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 **407-333-3571**
 Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE