

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90059 039 ***150.00

DOCUMENT # P95000015359

1. Entity Name

PAMELA MICHELE'S SKIN CARE, INC.

Principal Place of Business

111 SO. KNOWLES AVE
 SUITE 201
 WINTER PARK FL 32789

Mailing Address

9924 FLYNT CIR.
 ORLANDO FL 32825

2. Principal Place of Business

400 West Fairbanks Ave.

3. Mailing Address

400 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL 32789

City & State

Winter Park, FL 32789

Zip

Country

32789 ORANGE

Zip

Country

32789 ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOBLAUCH, PAMELA
9924 FLYNT CIRCLE
ORLANDO FL 32825

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | P KNOBLAUCH, PAMELA 9924 FLYNT CIRCLE ORLANDO FL 32825 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 #

03/06/01 407-628-8558

CR2E034 (10/00)