

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000069610**

1. Entity Name

TERRENCE MICHAEL SALON, INC.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90237 009 ***150.00

Principal Place of Business

TERRENCE MICHAEL SALON, INC.
7811 SANDY JOAN BLVD., SUITE 102
FORT MYERS FL 33907
US

Mailing Address

TERRENCE MICHAEL SALON, INC.
7811 SANDY JOAN BLVD., SUITE 102
FORT MYERS FL 33907
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 **65-0609638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, LAURA
12359-3 WOODROSE CT
FORT MYERS FL 33-9078

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DOLAN, LAURA	
STREET ADDRESS	12359-3 WOODROSE CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANATO, PATRICIA M.	
STREET ADDRESS	15037 TAMARIND CAY COURT , #1507	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGOSZEWSKI, REBECCA	
STREET ADDRESS	1503 MOHAWK PKWY.	
CITY-ST-ZIP	CAPE CORAL FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Patricia M. Granato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA M. GRANATO**1-15-01**

Date

(941) 454-7200

Daytime Phone #

CR2E034 (10/00)