

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90146 038 \*\*\*550.00

**DOCUMENT # P95000087898**

1. Entity Name

INDEPENDENT SALON RESOURCE, INC.

Principal Place of Business

6728 EDGEWATER COMM PKWY.  
 ORLANDO FL 32810

Mailing Address

6728 EDGEWATER COMM PKWY.  
 ORLANDO FL 32810

2. Principal Place of Business

7301 114th Ave N.

3. Mailing Address

7301 114th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo FL

4. FEI Number

65-0625650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 C  
 VON ALLMEN, DOUGLAS J  
 #9 ISLA BAHIA  
 FT LAUDERDALE FL 33316 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 MASSAD, SCOTT  
 6728 EDGEWATER COMM PKWY.  
 ORLANDO FL 32810 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MISSAD, SCOTT  
 1901 Wilmerton Road #225  
 Clearwater FL 33762 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 OLSON, BRUCE  
 1611 DES PERES ROAD, STE 395  
 ST. LOUIS MO 63131 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Alan Kerschner  
 1901 Wilmerton Road #225  
 Clearwater FL 33762 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 CHEEK, JAMES  
 1611 DES PERES ROAD, STE 395  
 ST. LOUIS MO 63131 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 1901 Wilmerton Road #225  
 Clearwater FL 33762 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ST  
 OLSON, BRUCE  
 1611 DES PERES ROAD, STE 395  
 ST. LOUIS MO 63131 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 Kelly Huether  
 7301 114th Ave N  
 Largo FL 33773 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 AS  
 KAPLAN, PHILIP G  
 168 N. MERAMEC, 4TH FLOOR  
 CLAYTON MO 63105 ☐ Delete

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)