

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90007 027 \*\*\*150.00

**DOCUMENT # P96000002621**

1. Entity Name  
**THE BOULEVARD SALON, INC.**

Principal Place of Business  
**2102 S. RIDGEWOOD AVENUE**  
**UNIT 18**  
**EDGEWATER FL 32141**

Mailing Address  
**2102 S. RIDGEWOOD AVENUE**  
**UNIT 18**  
**EDGEWATER FL 32141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3354199**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOPEZ, STEPHANIE**  
**2102 S RIDGEWOOD AVENUE**  
**UNIT 18**  
**EDGEWATER FL 32141**

Name **Tische Anderson**

Street Address (P.O. Box Number is Not Acceptable)  
**2102 S Ridgewood Ave**  
**Unit 18**

City **Edgewater** **FL** Zip Code **32141**

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 *Tische Anderson*

DATE **4-30-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOPEZ, STEPHANIE</b>	
STREET ADDRESS	<b>3047 KUMAUAT DRIVE</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	
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		

TITLE	<b>DPS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anderson, Tische</b>	
STREET ADDRESS	<b>3316 Royal Palm Dr</b>	
CITY-ST-ZIP	<b>Edgewater FL 32141</b>	
TITLE	<b>DVPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anderson, Todd</b>	
STREET ADDRESS	<b>3316 Royal Palm Dr</b>	
CITY-ST-ZIP	<b>Edgewater FL 32141</b>	
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: *Tische Anderson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-23-02** DAYTIME PHONE # **3810-423-7524**

CR2E034 (9/01)