## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600054752

1. Entity Name

SUSAN'S SALON OF LEE COUNTY, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90144 050 \*\*\*150.00

					W. S.	EIRS						
Principal Place of Business 18900 N. TAMIAMI TRAIL #8 N. FORT MYERS FL 33903		Mailing Address 18900 N. TAMIAMI TRAIL #8 N. FORT MYERS FL 33903										
2. Principal Place of Business			3. Mailing Address					14 12 <b>0</b> 70110 Balaa Balaa Ba	illi deili baibi i			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 65-0679736 Applied For Not Applicable					
Zip Country			Zip Count			5. Certificate of Status Desired				\$8.75 Ad	ditional	
6. Name	and Address of Current	Registere	egistered Agent				7. Name and Address of New Registered Agent					
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SUSAN 8TH STREE	FT #73		Street A			.ddress (P.C	ress (P.O. Box Number is Not Acceptable)					
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		or the purpo	ose of changing its r	registere	ad office or	registered	d agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signat	ure required wh	hen reinstating)	<u> </u>	DATE	- <del>-</del>		
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FILE NOW!!! FEE IS \$150.00  (Ifter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							3				May Be I to Fees	
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	AMI TRAIL  RS FL 33903  lace of Busin  #, etc.  6. Name  SUSAN  8TH STREE  RAL FL 339  named entitions of regist  Signature, typed  ILE NOW!!  May 1, 200  Rayable to  P  CORREA, 1  18900 N. 1  N. FORT N. S  AUER, THI  2737 GARI	AMI TRAIL  RS FL 33903  lace of Business  #, etc.  Country  6. Name and Address of Current  SUSAN  8TH STREET, #73  RAL FL 33990  named entity submits this statement for ions of registered agent.  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FOI  lace of Business  3. Mail  #, etc.  Country  Country  Zip  6. Name and Address of Current Registere  SUSAN  8TH STREET, #73  RAL FL 33990  named entity submits this statement for the purplions of registered agent.  Signature, typed or printed name of registered agent and title if appliance of the purplions of registered agent.  Signature, typed or printed name of registered agent and title if appliance of the purplions of registered agent.  PCORREA, SUSAN 18900 N. TAMIAMI TRAIL, #8 N. FORT MYERS FL 33903  SAUER, THERESA 2737 GARDEN STREET	AMI TRAIL #8  AS FL 33903  N. FORT MYERS FL 33903  face of Business  3. Mailing Address #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  SUSAN 8TH STREET, #73 AL FL 33990  named entity submits this statement for the purpose of changing its ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  P  CORREA, SUSAN 18900 N. TAMIAMI TRAIL, #8 N. FORT MYERS FL 33903  S  Delete  Delete  Delete  Delete	AMI TRAIL  18500 N. TAMIAMI TRAIL  #8 N. FORT MYERS FL 33903  face of Business  3. Mailing Address  #, etc.  9. City & State  Country  Zip  Country  Zip  Country  G. Name and Address of Current Registered Agent  SUSAN  8TH STREET, #73  7AL FL 33990  named entity submits this statement for the purpose of changing its registered ions of registered agent.  (NOTE: Registered ions of registered agent and title if applicable.  (NOTE: Registered ions of registered agent and title if applicable.  CORREA, SUSAN  11.  P  CORREA, SUSAN  18900 N. TAMIAMI TRAIL, #8 N. FORT MYERS FL 33903  S  Delete  N. FORT MYERS FL 33917  Delete  TITLE  NAME  STREET  N. FORT MYERS FL 33917  Delete  TITLE  NAME  STREET  N. FORT MYERS FL 33917  Delete  TITLE  NAME  STREET  N. 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Signature, hyped or preled name of registered agent and the if applicable.  (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered ons of registered agent.  Signature, hyped or preled name of registered agent and the if applicable.  (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered ons of registered agent.  Signature, hyped or preled name of registered agent and the if applicable.  (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered agent signature required with the purpose of changing its registered office or registered ons of registered agent.  (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered agent.  (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered office or registered agent.  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FORT MYERS FL 33903 N. FORT MYERS FL 33903 N. FORT MYERS FL 33903 N. FORT MYERS FL 33903 N. FORT MYERS FL 33903 N. FORT MYERS FL 33917    Delete   TITLE   NAME   NA	11912401  18 FL 33900  N. FORT MYERS FL 33903  18 et oil Business  1. Mailing Address  1. Mailing Address  1. Mailing Address  1. Mailing Address  1. FEI Number 65-0679736  1. Country  1. Country  1. Name and Address of Current Registered Agent  1. Name and Address of New Registered  2. Name and Address of New Registered  3. Street Address (P.O. Box Number is Not Acceptable)  2. City  3. Street Address (P.O. Box Number is Not Acceptable)  2. City  3. FL  3. Address of Points. Lam  3. Address of Points. Lam  3. Address of Points. Lam  4. FEI Number 65-0679736  5. Certificate of Status Desired  7. Name and Address of New Registered  5. Street Address (P.O. Box Number is Not Acceptable)  2. City  4. FL  4. FEI Number 65-0679736  5. Certificate of Status Desired  7. Name and Address of New Registered  5. City FL  6. 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12. 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 repetive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/22/03 (239) 567-0667

Daytime Phone #