

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90050 029 ***150.00

DOCUMENT #P96000055075

1. Entity Name

SALON BIJOU, INC

770372

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		4. File Number		Applied For	
2800 N MILITARY TRAIL WPB, FL 33409		2800 N MILITARY TRAIL WPB, FL 33409		65-0701501		Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	DIANE ZIMMERMAN 2800 N MILITARY TRAIL WPB, FL 33409			
				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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____							
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐				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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D ZIMMERMAN	2800 N MILITARY TRAIL	WPB, FL 33409				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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: _____				DATE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE			

CR2E034 (11/00)