

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90054 027 ***150.00

DOCUMENT # P96000084741

1. Entity Name
VANITIES - WE'RE MORE THAN SKIN DEEP, INC.



Principal Place of Business
**3811 AIRPORT ROAD NORTH
NAPLES FL 34105**

Mailing Address
**3811 AIRPORT ROAD NORTH
NAPLES FL 34105**



2. Principal Place of Business
3811 AIRPORT PULLING RD. N.

3. Mailing Address
3811 AIRPORT PULLING RD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

4. FEI Number **65-0719363**

Applied For
☒ Not Applicable

Zip **34105** Country **USA**

Zip **34105** Country **USA**

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

**SCHAHNER, JODIE L
11030 FIELDFAIR DRIVE
NAPLES FL 34119**

Name **Jodie L. Schahner**
Street Address (P.O. Box Number is Not Acceptable)
14971 Savannah Dr
City **NAPLES** FL Zip Code **34119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jodie L. Schahner**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HAMILTON, SHARON**
STREET ADDRESS **11030 FIELDFAIR DR**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☒ Change ☐ Addition
NAME **HAMILTON SHARON**
STREET ADDRESS **14971 SAVANNAH DR.**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **ST** ☒ Delete
NAME **SCHAHNER, JODIE L**
STREET ADDRESS **11030 FIELDFAIR DR**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Jodie L. Schahner**
STREET ADDRESS **14971 SAVANNAH DR**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 receiver 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: **Jodie L. Schahner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03
Date Daytime Phone #

CR2E034 (10/02)