

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90050 016 \*\*\*150.00

**DOCUMENT #** P97000013380

1. Entity Name  
 TOTAL LOOK CONCEPT, INC

Principal Place of Business Mailing Address  
 1114 NORTH COLLIER BOULEVARD SAME

MARCO ISLAND, FL 34145  
 34114

2. Principal Place of Business 3. Mailing Address  
 SAME SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SAME SAME

City & State City & State  
 SAME SAME

Zip Country Zip Country  
 SAME USA SAME SAME

4. FEI Number Applied For  
 59-3394581 Not Applicable

5. Certificate of Status Desired \$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**80099064**

6. Name and Address of Current Registered Agent

SHIRLEY ENGSTROM  
 1515-2 MAINSAIL DR  
 NAPLES, FL 34114

7. Name and Address of New Registered Agent

Name  
 SAME  
 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) 4/29/2000  
 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 \$150.00 After MAY 1, 2000 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

TITLE	PRES/SEC/TREAS	<input type="checkbox"/> Delete
NAME	SHIRLEY ENGSTROM	
STREET ADDRESS	1515-2 MAINSAIL DR	
CITY - ST - ZIP	NAPLES, FL 34114	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: *SHIRLEY ENGSTROM* PRESIDENT

4/29/2000 941-394-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/00 Daytime Phone #

CR2E034 (9/99)