

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038277

1. Entity Name

SALON PANACHE, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90028 042 \*\*\*150.00

Principal Place of Business

2672 ORCHARD DR  
APOPKA FL 32712

Mailing Address

2672 ORCHARD DR  
#358  
APOPKA FL 32712-2596

2. Principal Place of Business

931 N. STATE Rd. 434  
Suite 1095  
Altamonte Springs, FL  
32714 Seminole

3. Mailing Address

2672 Orchard Dr  
Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

APOPKA, FL

Zip

32714

Country

Seminole

Zip

32712

Country

Orange

6. Name and Address of Current Registered Agent

WALSH, BARBARA A  
931 NORTH S R 434, SUITE 1095  
SUITE 800  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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 Barbara A. Walsh Barbara A. Walsh (Pres) 1/25/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete  
NAME VT  
STREET ADDRESS MEEKS, ANN  
CITY-ST-ZIP 705 YOUNGSTOWN PKWY, #705  
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME PS  
STREET ADDRESS WALSH, BARBARA  
CITY-ST-ZIP 2672 ORCHARD DR  
APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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: Barbara A. Walsh Barbara A. Walsh 1/25/00 407-774-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)