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FILED
Sep 02, 2002 8:00 am
Secretary of State
08-08-2002 90093 013 ***150.00
09-02-2002 90144 041 ***400.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043807

1. Entity Name

TEXTURES SALON, INC.

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124390

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2. Principal Place of Business	3. Mailing Address
280 S. STATE RD 434	
Suite, Apt. #, etc.: 1045	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State
Zip: 32714 Country: SEMINOLE	Zip Country

4. FEI Number: 59-3445136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: KELLIE E NORDEN

Street Address (P.O. Box Number is Not Acceptable): 280 S. STATE ROAD 434, SUITE 1045

City: ALTAMONTE SPRINGS FL Zip Code: 32714

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: Kellie N Norden 7-16-02
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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	280 S. STATE RD 434, STE 1045
STREET ADDRESS	KELLIE E NORDEN
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kellie N Norden 7/16/02 407-869-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #