

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90026 044 ***150.00

0002330

DOCUMENT # P97000048111

1. Entity Name

~~RONNIE & COMPANY, INC.~~

Imperial Salon & Spa, Inc.

Principal Place of Business

6300 N. WICKHAM ROAD
 MELBOURNE FL 32940

Mailing Address

6300 N. WICKHAM ROAD
 MELBOURNE FL 32940

2. Principal Place of Business

3 Sontree Place,

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip

32940

Country

Brevard

3. Mailing Address

3 Sontree Place,

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip

32940

Country

Brevard

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM A
 6767 N. WICKHAM ROAD
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Paul A. Boovier

Street Address (P.O. Box Number is Not Accepted)

3210 N. Wickham Rd, Suite 5

City

Melbourne

FL

Zip Code

32935

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

Paul A. Boovier CPA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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, 2001 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 PSTD
 NAME RAMMACCA, KRISTEN Y
 STREET ADDRESS 1706 RUSTIC WAY
 CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/01

Daytime Phone #

CR2E034 (10/00)