

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90075 006 ***150.00

DOCUMENT # P97000078155

1. Entity Name
INSTITUTE FOR SKIN SCIENCES, INC.

Principal Place of Business

**3876 BONITA BCH RD SW
 BONITA SPRINGS FL 34134**

Mailing Address

**3876 BONITA BCH RD SW
 BONITA SPRINGS FL 34134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28321 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE #2

City & State

BONITA SPRINGS, FL

3. Mailing Address

28321 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE #2

City & State

BONITA SPRINGS, FL

4. FEI Number

59-3472659

Applied For

Not Applicable

Zip

34134

Country

LBB

Zip

34134

Country

LBB

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TICK, EDITH R
 3421 POINTE CREEK COURT, #302-A
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

TICK, EDITH R.

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

23429 CORAL BEAN COURT

City

BONITA SPRINGS

FL

Zip Code
34134

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)

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, 2002 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 **P** Delete
 NAME **TICK, MICHAEL G**
 STREET ADDRESS **3421 POINTE CREEK CT, #302A**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/M** Change Addition
 NAME **TICK, EDITH R**
 STREET ADDRESS **23429 CORAL BEAN COURT**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

941-498-0010

Daytime Phone #

CR2E034 (9/01)