

# 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**

Zip

**34134**

Country

**LBB**

**3. Mailing Address**

**28321 S. TAMiami TRAIL**

Suite, Apt. #, etc.

**SUITE #2**

City & State

**BONITA SPRINGS, FL**

Zip

**34134**

Country

**LBB**

**4. FEI Number 59-3472659**

Applied For

Not Applicable

**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**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 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**

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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

Date

4-9-02

Daytime Phone #

941-498-0010

CR2E034 (9/01)