

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90053 018 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000082337

1. Entity Name  
SALON 911, INC.

Principal Place of Business  
1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701-5005

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3472528  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SHANKS, BRYAN  
1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701

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 \_\_\_\_\_  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD SHANKS, BRYAN 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SHANKS, DOUGLAS 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD WEINHOLD, BETH 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	TITLE	SD Clarissa Ferrari 134 Palun dr Debary FL 32713
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD WEINHOLD, MARY ELIZABETH 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	TITLE	SD Clarissa Ferrari 134 Palun dr Debary FL 32713
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SHANKS, ALENA 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.

SIGNATURE: Bryan Shanks 4-14-00 407-831-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)