2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90040 025 ***150.00

DOCUMENT # P97000082337

1. Entity Name
SALON 911, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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, 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	PD	☐ Delete
NAME	SHANKS, BRYAN	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	TD	☐ Delete
NAME	SHANKS, DOUGLAS	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	☐ Delete
NAME	FERRARI, CLARISSA	
STREET ADDRESS	134 PALM DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	☐ Delete
NAME	FERRARI, CLARISSA	
STREET ADDRESS	134 PALM DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	☐ Delete
NAME	SHANKS, ALENA	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Bryan Shanks 4-23-01 407-831-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/00)