## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # **P98000007580 Secretary of State** THOMAS & COMPANY SALON, INC. 01-19-2000 90284 018 \*\*\*158.75 Principal Place of Büsiness Mailing Address 15155 FEDERAL HWY 15155 FEDERAL HWY . 117 BOCA RATON FL 33432 **BOCA RATON FL 33432** ederal Hw DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0809634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTI, THOMAS J JR Street Address (P.O. Box Number is Not Acceptable) 780 SAINT ALBANS DRIVE **BOCA RATON FL 33486** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE THOMAS, PATTIE J NAME NAME STREET ADDRESS STREET ADDRESS 780 ST ALBAUS DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete TITLE CANDIES, PATTI NAME STREET ADDRESS STREET ADDRESS 780 ST ALBAUS DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** - -- - D. Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 suppremental report is true and accurate and that mysignature 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 in changed, or on an attachment with an address, with all other like empowered.

U WALLE SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if