

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91217 047 ***150.00

DOCUMENT # P98000030067

1. Entity Name

Sun Goddess Salon And Spa, Inc. ✓

Principal Place of Business

1195 LaFair Street
 Cocoa, Fl. 32927

Mailing Address

P.O. Box 2242
 Titusville, Fl. 32781

2. Principal Place of Business

3. Mailing Address

1195 LaFair Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, Fl.

4. FEI Number

59-3502471

Applied For

Not Applicable

Zip

Country

Zip

Country

32927

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stanley, Sherri D.
 6430 Homestead Avenue
 Cocoa, Fl. 32927

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

Sherri D. Stanley

Sherri D. Stanley

4/29/02

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
 NAME Stanley, Sherri D. ☐ Delete
 STREET ADDRESS 6430 Homestead Avenue
 CITY-ST-ZIP Cocoa, Fl. 32927

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

Sherri S. Stanley

Sherri S. Stanley, President

321/637-7555

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/29/02

Daytime Phone #

CR2E034 (11/00)