

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049465

1. Entity Name

INTROSPECTION SALON, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90094 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1601 AIRPORT BLVD  
SUITE 3  
MELBOURNE FL 32901

1601 AIRPORT BLVD  
SUITE 3  
MELBOURNE FL 32901-4379

2. Principal Place of Business

3. Mailing Address

2018 S. MELBOURNE CT

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE FL

Zip

Country

Zip

Country

32901 FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, LYNNE R ESQUIRE  
1601 AIRPORT BLVD  
SUITE 3  
MELBOURNE FL 32901

Name

LYNNE R THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

2018 S. MELBOURNE COURT

City

MELBOURNE

FL

Zip Code

32901

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.  
(See criteria on back)

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 D  
NAME GARSIDE, TAMI E  
STREET ADDRESS 1601 AIRPORT BLVD., SUITE 3  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE PRESIDENT  
NAME TAMI E GARSIDE  
STREET ADDRESS 2018 S. MELBOURNE CT  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: SIGNATURE REQUIRED TAMI E GARSIDE 4/18/2000 321-725-7754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #