

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049465

1. Entity Name  
INTROSPECTION SALON, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**  
03-23-2001 90012 014 \*\*\*150.00

0076882

Principal Place of Business

Mailing Address

~~1601 AIRPORT BLVD~~  
~~SUITE 3~~  
~~MELBOURNE FL 32901~~

~~1601 AIRPORT BLVD~~  
~~SUITE 3~~  
~~MELBOURNE FL 32901~~

C0037173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2018 MELBOURNE CT

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MELBOURNE FL

FL

4. FEI Number 59-3518325

Applied For  
Not Applicable

30901 BREVARD

Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name LYNN R. THOMPSON  
Street Address (P.O. Box Number is Not Acceptable)  
2018 MELBOURNE CT  
City MELBOURNE FL Zip 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 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	D	<input type="checkbox"/> Delete
NAME	GARSDIE, TAMI E	
STREET ADDRESS	1601 AIRPORT BLVD, SUITE 3	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMIE GARSDIE	
STREET ADDRESS	2018 MELBOURNE CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)