

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90311 037 ***150.00

DOCUMENT # *P98000049465*

1. Entity Name

Introspection Salon, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2018 Melbourne Court

Suite, Apt. #, etc.

3. Mailing Address
2018 Melbourne Court

Suite, Apt. #, etc.

City & State
Melbourne, Florida

Zip
32901

City & State
Melbourne, Florida

Zip
32901

Country
USA

4. FEI Number
59-3518325

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Tami Garside

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

124 Third Avenue

Indialantic, FL 32903

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not filing)

DATE

January 1- May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25.

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tami Garside (Director)
124 Third Avenue
Indialantic, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tami Garside*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 1321-725-7954

Date

Daytime Phone #

CR2E034B (12/02)