


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

05-01-2003 90311 037 ***150.00

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

DOCUMENT # P98000049467	
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.
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DO NOT WRITE IN THIS SPACE

City & State Melbourne, Florida	City & State Melbourne, Florida	4. FEI Number 59-3518325	Applied For <input type="checkbox"/> Not Applicable
Zip 32901	Country USA	Zip 32901	Country USA

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	
	City Indialantic, FL 32903	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)