

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 004 ***150.00

DOCUMENT # P98000049712

1. Entity Name

JOSLYN SKIN CARE TECHNOLOGIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7306 56 ST N

Suite, Apt. #, etc.

3. Mailing Address

7306 56 ST N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-7129895

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TY C. JOSLYN

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

735 5th STREET N.

City

ST. PETERSBURG

FL

Zip Code

33701

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	TY JOSLYN	735 5th ST. N.	ST. PETERSBURG, FL 33701
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TY C. JOSLYN

Date

4/2/02 (727) 895-8921

Daytime Phone #

CR2E034B (12/01)