1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90104 010 ***150.00

DOCUMENT # **P98000061463**1. Corporation Name

TITLE

NAME

STREET ADDRESS

SALON ONE OF SARASOTA, INC.

Principal Place	of Rusiness	Mailing Address	CKF			
7920 50TH PLA		7920 50TH PLACE EAST				
BRADENTON FL 34203 BRADENTON FL 34203						
			•	DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualifed 07/09/1998		
2. Principal Pi	LIME AVE.	2a. Mailing Address	Aue,	1.65-0849033	Not	plied For t Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
Gity & State	ŝota, FL	City & State	<u>.</u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip 24347.3	Country 7 25 USA	29 34237 30	Country	This corporation owes the current year I Personal Property Tax.	Yes	□ / / ₀
	9. Name and Address of Current	Registered Agent	12111	10. Name and Address of New Registere	d Agent	
ROS.	TANCHE, LAURA		81 Name			
7920 50TH PLACE EAST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	DENTON FL 34203		83			
		,				
			84 City	F	L 85 Zip C	ode
office of re agent. I an SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was auth iions of, Section 607.0505, Florida	orized by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	BOSTANCHE, LAURA		1.2 NAME			
STREET ADDRESS	7920 50TH PLACE EAST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<u> </u>	☐ Change	Addition
TITLE NAME			2.2 NAME		_ •	_
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	•		3.2 NAME	•		ļ
STREET ADDRESS		į	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		Cirande	L Addison
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET ADORESS 4.4 CITY-ST-ZIP			}
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		<u> </u>	5.2 NAME		*	. {
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

941 906 1911