2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P98000067691

1. Entity Name

SALON - SALON OF OKALOOSA COUNTY, INC.



FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90061 020 ***150.00

Principal Place of Business SALON SALON 808 HWY 98 E DESTIN FL 32541 2. Principal Place of Business		Mailing Address SALON SALON 808 HWY 98 E DESTIN FL 32541		
2. Principal F	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3527134 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
KRULJAC- 808 HWY DESTIN FI		٠.	Name Street Address	(P.O. Box Number is Not Acceptable)
52 5			City	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 reinstating) DATE FILE NOW!!! FEE IS \$150.00				
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	****	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRULJAC-SMITH, ANTONIA M 167 DRIFTWOOD RD. DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHOCAL VIELE SELVO ARE

SIGNATURE AND TYPED ON WHINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRULIAC SWITH MERCH 132

MH 10303 85 Daytime Phone #

3D684

20/01) 45032200