## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 31, 2001 8:00 am Secretary of State DQCUMENT # P98000071970 INNOVATIONS SALON & BOUTIQUE, INC. 01-31-2001 90297 017 \*\*\*150.00 Principal Place of Business Mailing Address HOI WISTERIA LANE 3411 Taniami Tr. No. HOI WISTERIA LANE 3411 Taniami Tr. No. NAPLES PL 34105 Swite 204 Naples, Fla. Naples, Aa. 34105 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0855686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDMONDS, DAN R Street Address (P.O. Box Number is Not Acceptable) 1101 WISTERIA LANE NAPLES FL 34105 Zip Code 8. The above pared entity submits this statement for the purpose of changing is registere h, in the State of Florida. SIGNATURE (NOTE: Registered Agent sign nen reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. - 🗇 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 = ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition EDMONDS, DEBRA J NAME NAME STREET ADDRESS 1101 WISTERIA LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 TITLE ☐ Delete TITLE ☐ Change Snirley A. Hicks NAME NAME 4461 Locatine Ave STREET ADDRESS STREET ADDRESS Maples, Ff 34104 Allison Anderson Change 6060 Golden Gate Pkwy CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other time empowered.

Date

Daytime Phone #