

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071970

1. Entity Name

INNOVATIONS SALON & BOUTIQUE, INC.

Principal Place of Business

3411 TAMAMI TRAIL
SUITE 204
NAPLES FL 34103

Mailing Address

3411 TAMAMI TRAIL
SUITE 204
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0855686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDMONDS, DAN R

3411 TAMAMI TRAIL NO. SUITE 204
NAPLES FL 34103

Name

Shirley Hicks

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

4461 LORRAINE AVE

City

Naples

FL

34104

FL

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

Shirley Hicks

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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	EDMONDS, DEBRA J	
STREET ADDRESS	1101 WISTERIA LN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HICKS, SHIRLEY A	
STREET ADDRESS	4461 LORRAINE AVE.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, ALLISON	
STREET ADDRESS	6060 GLODEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

Shirley Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley A. Hicks 7/10/02

Date

Daytime Phone

FILED

Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90357 007 ***150.00

ADDRESS WAS incorrect
120894



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)