

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

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Corporation Name

**TOTAL BODY SALON & SPA, INC.**

Principal Place of Business

39 5TH AVENUE SOUTH  
NAPLES FL 34102

Mailing Address

699 5TH AVENUE SOUTH  
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

59-353 9381

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

1. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

9. Name and Address of Current Registered Agent

SAN FILIPPO, N. PAUL  
2150 GOODLETTE ROAD  
SUITE 305  
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME PASQUINO, JOYCE  
STREET ADDRESS 2113 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ DELETE

D  
NAME DOANE, JOANN  
STREET ADDRESS 750 MYRTLE TERRACE  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

D  
NAME PASQUINO, JOSEPH  
STREET ADDRESS 2113 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☒ DELETE

D  
NAME DOANE, JIM JR  
STREET ADDRESS 750 MYRTLE TERRACE  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99

Date

941-649-2227

Daytime Phone #

CR2E034 (11/98)