

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90064 004 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000100276

1. Entity Name
DEBBIE'S DAY SPA & SALON, INC.

Principal Place of Business Mailing Address
126 MARSHSIDE DR. **126 MARSHSIDE DR.**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**

2. Principal Place of Business 403 Anastasia Blvd. Suite, Apt. #, etc. # B City & State St. Augustine, FL Zip 32080		3. Mailing Address 403 Anastasia Blvd Suite, Apt. #, etc. # B City & State St. Augustine, FL Zip 32080	
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4. FEI Number **59-3544974** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRESGE, DEBRA
126 MARSHSIDE DR.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **# B**
403 Anastasia Blvd
 City **St. Augustine** **FL** Zip Code **32080**

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.

SIGNATURE
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRESGE, DEBRA 126 MARSHSIDE DR ST. AUGUSTINE FL 32084 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 403 Anastasia Blvd # B St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Secretary/Treasurer Danielle Theed 403 Anastasia Blvd # B St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)