## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State DOCUMENT # P99000004125 1. Entity Name 05-23-2002 90028 041 \*\*\*150.00 CORI SALONS, INC. Principal Place of Business Mailing Address 5631 FOWLER AVENUE 3738 LAND O LAKES BLVD **TAMPA FL 33617** LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3554037 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCUMBER, DIANA Street Address (P.O. Box Number is Not Acceptable) 5631 FOWLER AVENUE **TAMPA FL 33617** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Ţax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Soe criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MCCUMBER, DIANA STREET ADDRESS STREET ADDRESS 413 BERWICK AVENUE CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33617 Addition Change ☐ Delete TITLE TITLE ۷D NAME NAME MCCUMBER, GARY STREET ADDRESS STREET ADDRESS 413 BERWICK AVENUE CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☐ Delete Change ☐ Addition TITLE STD NAME NAME SANTANA, LAURIE STREET ADDRESS 21921 CARSON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 aftad ment with an address, with all buther like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE

NAME

STREET ADDRESS

☐ Delete

(9/01)

☐ Addition

Change