

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006618

1. Entity Name  
**BO-DANGLES PAINLESS BODY PIERCING SALON, INC.**

Principal Place of Business

830 N. WICKHAM ROAD, #8  
MELBOURNE FL 32935

Mailing Address

830 N. WICKHAM ROAD, #8  
MELBOURNE FL 32935-8866

2. Principal Place of Business

*830 N. Wickham Rd.*  
Suite, Apt. #, etc.

3. Mailing Address

*SAME*  
Suite, Apt. #, etc.

City & State

*Melbourne, FL 32935*

City & State

4. FEI Number

*59-3554470*

Applied For

Not

Zip

*32935*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JEWEL, RENE S**  
830 N. WICKHAM ROAD, #8  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name *Renee S. Jewel*  
Street Address (P.O. Box Number is Not Acceptable) *830 N. Wickham Rd Apt #8*  
City *Melbourne* FL Zip Code *32935*

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

*Renee S. Jewel*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*1/5/2000*  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **JEWEL, RENEE S**  
STREET ADDRESS **830 N. WICKHAM ROAD, #63**  
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete  
NAME **JEWEL, PATRICIA R**  
STREET ADDRESS **830 N. WICKHAM ROAD, #63**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change  
NAME **Dennis Poling**  
STREET ADDRESS **830 N. Wickham Rd Apt 63**  
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change  
NAME **DR. Richard Raguso**  
STREET ADDRESS **501 Forest Ave.**  
CITY-ST-ZIP **Rye, N.Y. 10580**

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
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:

*Renee S. Jewel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90045 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE