

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019292

1. Entity Name

PARA-MEDICAL SKIN CARE, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90021 010 \*\*\*150.00

Principal Place of Business

Mailing Address

599 PINE WARBLER WAY SOUTH  
PALM HARBOR FL 34683

599 PINE WARBLER WAY SOUTH  
PALM HARBOR FL 34683-6130

2. Principal Place of Business

3. Mailing Address

2650 TAMPA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR, FLA

4. FEI Number

Applied For

59-356-4171

Not Applicable

Zip

Country

Zip

Country

34683

USA

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

COSNOW, JEFFREY E  
3450 E LAKE RD  
PALM HARBOR FL 34677

Name

JAMES BAUMAN ESQ

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

1008 DREW ST

City

CLEARWATER

FL

Zip Code

33755

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

3-18-00

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSTD ☐ Delete  
NAME BENOIT, JO ANN  
STREET ADDRESS 3438 E LAKE RD #14-694  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE V ☒ Change ☐ Addition  
NAME BENOIT, JO ANN  
STREET ADDRESS 3438 E LAKE RD # 14-694  
CITY-ST-ZIP PALM HARBOR, FL. 34685

TITLE PD ☐ Delete  
NAME BARCELLONA, BARBARA J  
STREET ADDRESS 599 PINE WARBLER WAY SOUTH  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 786-5069

CR2E034 (9/99)