

2002 UNIFORM BUSINESS REPORT (UBR)

0119421 AT

DOCUMENT # **P99000036117**

1. Entity Name

THE SIGNATURE STRAWBERRY SALON & DAY SPA, INC.

FILED

02 AUG 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**480 N. ORLANDO AVE
SUITE 112
WINTER PARK FL 32789**

Mailing Address

**PO BOX 541123
ORLANDO FL 32804
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581980

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEWART, VANDA
2138 BROOKVIEW DR
WINTER PARK FL 32792**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **0** ☐ Delete
NAME **TURNER, DEBRA**
STREET ADDRESS **1954 BERING AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/02

CR2E034 (4/02)

Attachment
Doc. # P99000036117

SIGNATURE STRAWBERRY SALON AND DAY SPA

480 N. Orlando Ave., Suite 112

Orlando, FL 32789

407-644-5747

August 13, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Per my conversation with your office today enclosed please find my UBR with a check for \$150.00. For the last two years a CPA firm in Orlando managed my corporation. In the last year with this firm I have had six difference accountants and bookkeepers. Several things like this second notice have not been completed. However, I have paid for these document to be filed and several others. I have within the last 30 days been forced to retain a different CPA firm to facilitated in the clean up and proper filing of documents. I would like to request that the late filing fee be waived due to the difficulty I have had retaining an adequate CPA firm.

Sincerely,



Debra Turner