

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90037 043 ***150.00

DOCUMENT # P99000041238

1. Entity Name

SKIN GLO INC.

Principal Place of Business

Mailing Address

**333 SANDY RIDGE DRIVE
CLEARWATER FL 33761****3151 SANDY RIDGE DRIVE
CLEARWATER FL 33761-1932**

2. Principal Place of Business

30039 U.S. HWY 19 N

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 14436

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

U.S.

Zip

33766

Country

U.S.

4. FEI Number

59-3602283

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**THATCH, JOHN D
3151 SANDY RIDGE DRIVE
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

JOHN D. THATCH

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

30039 U.S. HWY 19 N.

City

CLEARWATER**FL**Zip Code
33761

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, 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SONYA THATCH	
STREET ADDRESS	P.O. BOX 14436 (30039 US HWY 19 N.)	
CITY-ST-ZIP	CLEARWATER, FL 33766 (CLEARWATER, FL 33761)	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONYA THATCH	
STREET ADDRESS	P.O. BOX 14436 (30039 US HWY 19 N.)	
CITY-ST-ZIP	CLEARWATER, FL 33766 (CLEARWATER, FL 33761)	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sonya Thatch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

787-0323

Daytime Phone #

CR2E034 (9/99)