

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90183 007 \*\*\*150.00

C0087791

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000045170**  
 1. Entity Name  
**AMELIA FACE AND BODY PROFESSIONALS, INC.**

Principal Place of Business  
**5472 FIRST COAST**  
**NWY-SUITE 12**  
**AMELIA ISLAND, FL 32034**

Mailing Address  
**5472 FIRST COAST**  
**NWY-SUITE 12**  
**AMELIA ISLAND, FL 32034**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Filer Number  
**59-3579942**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCOTT H. LOTWAK, CPA**  
**1191 E. NEWPORT CENTER DR., SUITE 208**  
**DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent  
 Name  
**SANDRA RODRIGUE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5472 FIRST COAST**  
**NWY-SUITE 12**  
 City  
**AMELIA ISLAND** **FL** **32034**

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 **Sandra Rodrigue** **4/17/2000**  
 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 ☐ Delete  
 NAME **SANDRA RODRIGUE**  
 STREET ADDRESS **5472 FIRST COAST NWY-SUITE 12**  
 CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 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: **Sandra L. Rodrigue** **4/17/2000** **(504) 491-0074**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)