

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 049 ***550.00

DOCUMENT # **99000045170**

1. Entity Name

Amelia Face and Body Professionals

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Amelia Face and Body

3. Mailing Address

5472 First Coast Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach

City & State

Florida

Zip

Country

Zip

Country

32034

USA

4. FEI Number

59-3579942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sandra L. Rodriguez

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

5472 First Coast Hwy #12

City

Fernandina Beach FL

Zip Code

32034

**DO NOT WRITE
IN THIS SPACE**

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 L. Rodriguez

6/20/2002

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Sandra L. Rodriguez
3101 Paradise Commons #48
Fernandina Beach FL 32034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra L. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2002 904-491-0074

Date

Daytime Phone #

CR2E034B (12/01)