

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000054239

1. Entity Name

THE GALLERY SALON, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

04-22-2000 90010 009 ***158.75

Principal Place of Business Mailing Address
1101 VIKING DR 1101 VIKING DR
PORT ORANGE FL 32119 PORT ORANGE FL 32119-3603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

917 BEVILLE Rd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

South DAYTONA

City & State

Zip 32119

Country

USA

Zip

Country

4. FEI Number

593581582

Applied For

Not Applicable

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

BACCA, KATHLEEN
917-A BEVILLE RD
SOUTH DAYTONA FL 32119

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME KATHLEEN BACCA
STREET ADDRESS 917 BEVILLE Rd St A
CITY-ST-ZIP South DAYTONA FL 32119

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

TITLE VICE PRESIDENT ☐ Delete
NAME ROSE NARDI
STREET ADDRESS 917 BEVILLE Rd St A
CITY-ST-ZIP South DAYTONA FL 32119

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Kathleen Bacca KATHLEEN BACCA 4-17-2000 904-3224318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #:

CR2E034 (9/99)