

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90185 046 ***150.00

DOCUMENT # P99000057492

1. Entity Name

PROGRAMS IN SALON EXCELLENCE, INC.

Principal Place of Business

**11450 FLORIDALE DRIVE
 MILTON FL 32583**

Mailing Address

**11450 FLORIDALE DRIVE
 MILTON FL 32583**

2. Principal Place of Business

3281 Hwy 297-A

3. Mailing Address

3281 Hwy 297-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

4. FEI Number

59-2902953

Applied For

Not Applicable

Zip

32533

Country

USA

Zip

32533

Country

USA

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

6. Name and Address of Current Registered Agent

**BASS & SANDFOOT ACCOUNTANTS INC.
 127 EAST ZARAGOZA STREET
 SUITE 206
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	FENNELL, PHIL	
STREET ADDRESS	11450 FLORIDALE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FENNELL, BARBARA	
STREET ADDRESS	11450 FLORIDALE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fennell, Phil	
STREET ADDRESS	3281 Hwy 297-A	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fennell, Barbara	
STREET ADDRESS	3281 Hwy 297-A	
CITY-ST-ZIP	Cantonment, FL	
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		
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:

Phil Fennell **Phil Fennell**

Date

4-16-01

Daytime Phone #

850-478-1838

CR2E034 (10/00)