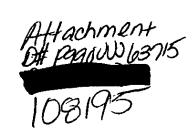
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P99000063715 ROBERT SEVERO SIGNATURE SALON, INC. 08-28-2000 90032 030 ***150.00 Mailing Address Principal Place of Business 233 RIVER CHASE DR. 230 RIVER CHASE DR. ORLANDO FL 32807 ORLANDO FL 32807 -,,-,-, -, 2. Principal Place of Business 3. Mailing Address 6836 QLOMA AVENUE SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3598469 City & State City & State Not Applicable Dinter \$8.75 Additional Country 5. Certificate of Status Desired () SA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPRADLING, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 233 RIVER CHASE DR. ORLANDO FL 32807 Zip Code City F 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 ministating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition Vresident TITLE ☐ Delete TITLE Sonja Spradling Dr. 233 River Chase Dr. NAME NAME STREET ADDRESS STREET ADDRESS Orlando A. 32507 CITY - ST - 72P CITY-ST-ZIP Vice President Addition ☐ Change ☐ Delete TITLE TITLE Robert Spradling 233 River Chase or NAME NAME STREET ADDRESS STREET ADDRESS Orlando fi. 32807 CITY-ST-7P CITY-ST-21P ☐ Addition ☐ Change □ Detete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplier artistic eport 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 feceiver or trusted 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 artistic ress, with all other like empowered.



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	To Whom this cours:
	This letter is a notice that we
	did not mail the prior notice back in time and there fore are subject to a 500.00 fee (fine)
	In time and therefore are subject
	10 a 500 00 (e (line)
	We called the office to explain we never received the "original" copy. We were told there were numerous
·	never received the "original" come
·	We were told there were numerous
	- others that also never received
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