FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90094 040 ***150.00

DOCUMENT # P99000063715

1. Entity Name
ROBERT SEVERO SIGNATURE SALON INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6836 ALOMA AVENUE	ROBERT SEVERO SIGNATURE SALON INC
Suite, Apt. #, etc. —	Suite, Apt. #, etc. 6836 ALOMA AVENUE
City & State WINTER PARK, FLORIDA	City & State WINTER PARK, FLORIDA
Zip 32792 Country	Zip 32792 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3598469 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT S. SPRADLING
Street Address (P.O. Box Number is Not Acceptable): 233 RIVER CHASE DR
City: ORLANDO FL Zip Code: 32807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible 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	P	TITLE	
NAME	SONJA SPRADLING	NAME	
STREET ADDRESS	6836 ALOMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32792	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ROBERT S. SPRADLING	NAME	
STREET ADDRESS	6836 ALOMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32792	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Robert S. Spradling ROBERT S. SPRADLING April 25 2002 407-673-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #