

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068579

1. Entity Name

RENEWED FACE & BODY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90171 041 ***150.00

Principal Place of Business

Mailing Address

1240 HILLVIEW DRIVE
SARASOTA FL 34239

1240 HILLVIEW DRIVE
SARASOTA FL 34239-2020

2. Principal Place of Business

2344 Bee Ridge Rd

3. Mailing Address

2344 Bee Ridge Rd

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0937902

Applied For

Not Applicable

Zip

Country

34239 US

Zip

Country

34239 US

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

PARKER, THEODORE
2033 MAIN STREET
SUITE 106
SARASOTA FL 34237

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 ☐ Delete
NAME D
STREET ADDRESS KWAAK, ROBIN
CITY-ST-ZIP 1240 HILLVIEW DRIVE 3169 Alta Vista
SARASOTA FL 34239 - Sarasota, FL 34237

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOCKERY, CELESTE
CITY-ST-ZIP 1240 HILLVIEW DRIVE
SARASOTA FL 34239

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 941-926-1837

CR2E034 (9/99)