

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90139 030 ***550.00

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DOCUMENT # P99000070502

1. Entity Name

GERARDS SKIN CARE, INC.



Principal Place of Business

4044 W. LAKE MARY BLVD.
#104 PMB #213
LAKE MARY FL 32746

Mailing Address

4044 W. LAKE MARY BLVD.
#104 PMB #213
LAKE MARY FL 32746

2. Principal Place of Business

4044 W. LAKE MARY BLVD.

3. Mailing Address

4044 W. LAKE MARY BLVD.

Suite, Apt. #, etc.

#104 PMB #213

Suite, Apt. #, etc.

#104 PMB #213

City & State

LAKE MARY FL 32746

City & State

LAKE MARY FL

Zip

32746

Country

USA

Zip

32746

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3594082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, KATHRYNE

4044 W. LAKE MARY BLVD.

#104 PMB #213

LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X Kathryn Olsen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 9.3.03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OLSEN, KATHRYNE**
CITY-ST-ZIP **4044 W. LAKE MARY BLVD.**
LAKE MARY FL 32746

TITLE ☐ Delete
NAME **sole ↑**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **NONE**
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Kathryn Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9.3.03
Date

X 407-718-2994
Daytime Phone #

CR2E034 (4/03)