AMENDED

FOR PROFIT CORPORATION

CIT ET

UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # 0 - 44 ()0009802					03 DEC -9 AM 8	3: 47
SALON DEVELOPMENT GROUP, INC.					SECRETARY OF S TALLAHASSEE. FU	STATE ORIDA
I	DO NOT WRITE	IN THIS SI	PAC	E		
2. Principal F 115 Pro	3. Mailing Address 115 Professi	Mailing Address 15 Professional Drive				
Suite, Apt. Suite 1		Suite, Apt. #, etc. Suite 106			DO NOT WRITE IN THIS SPACE	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beac		h Fl	4. FEI Number 5 9 - 36 0 9 3 4 3	Applied For Not Applicable
Zip Country 32082 St. Johns		Zip 32082	Coun	itry	5. Certificate of Status Desired	\$8.75 Additional
DO NOT WRITE					7. Name and Address of Current Registered Agent	
				Name Paul M. Eakin		
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) Atlantic Boulevar	d
				Sui	te 4	
				Atlantic Beach FL Zio Code 32233		
	e named entity submits this statement for tions of redistered agent.	the purpose of changing its	register		red agent, or both, in the State of Florida. I ar	
		a.l.			no la	1-
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd tille if applicable. (NOTI	: Registere	d Agent signature required	d when reinstating) DATE	103
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 (Payable to Florida Department of \$	State			-9. Election Campaign Financing	\$5.00 May Ba
10.	OFFICERS AND D					
TITLE NAME	President, Direc Sheila Stricklar			1	60002535 0-01076-01	7836 or
STREET ADDRESS CITY-ST-ZIP	115 Professional Dri Ponte Vedra Beach, F			ET ADDRESS - ST-ZIP	12/09/03010760	U/ **b1.∠3
TITLE	Secretary, Direc	tor	TITLE		·	
NAME STREET ADDRESS	Richard L. Weime 115 Professional Dri	r ve. Ste. 106	e. 106 NAME			
CITY-ST-ZIP	Ponte Vedra Beach, F			-ST-ZIP		
TITLE	Director Daryl T Strickl	and	TITLE	· 1		
NAME STREET ADDRESS				ET ADDRESS	DO NOT WR	ITE
CITY-ST-ZIP	Ponte Vedra Beach, F	FL 32082	-	-ST-ZIP		
TITLE NAME			NAMI	1	in this spa	CE
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP		
TITLE			TITLE			
NAME			NAME	1		
STREET ADDRESS (CITY-ST-ZIP				ET ADORESS -ST-ZIP		1
TITLE			TITLE	1		
NAME STREET ADDRESS			NAME STREE	ET ADDRESS		
CITY-ST-ZIP			CITY-	ST-ZIP		
of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee emporation or the receiver or trustee emporation and address with all other like emporations.	wered to execute this repor	t as regu	mption stated in Se ure shall have the s uired by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further c same legal effect as if made under oath; that 07, Florida Statutes; and that my name appe	ertify that the information I am an officer or director ars in Block 10 or on an
SIGNATURE: Dec. 4, 2003 (904)285-7776						

Dec. 4, 2003 (904)285-7776

Date Description Phone #