

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 038 ***150.00

DOCUMENT # P99000098833**1. Entity Name**

XSALONCE, INC.

Principal Place of Business1294 Crow Way
Suite 104

Casselberry, FL 32707

Mailing Address1294 Crow Way
Suite 104

Casselberry, FL 32707

956369

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3607691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**

Kim COFFIN

1294 Crow Way
Suite 4

Casselberry, FL 32707

7. Name and Address of New Registered Agent

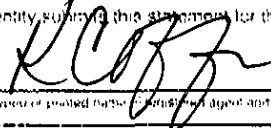
Name

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 of person or persons authorized to sign and file on behalf of the entity

NOTE: Registered Agent's signature required when resigning.

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 \$160.00****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**

TITLE	PD	☐ Delete
NAME	KIM COFFIN	
STREET ADDRESS	1294 CROWWAY, SUITE 4	
CITY - ST - ZIP	CASSELBERRY, FL 32707	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		☐ Change ☐ Addition
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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)(b), 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:**

Kim COFFIN

04/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name