

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100038

1. Entity Name

ESSENTIAL SOLUTIONS SKINCARE, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90140 039 \*\*\*150.00

Principal Place of Business

Mailing Address

444 W. NEW ENGLAND AVE., SUITE C  
WINTER PARK FL 32789

444 W. NEW ENGLAND AVE., SUITE C  
WINTER PARK FL 32789-4223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609598

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

7. Name and Address of New Registered Agent

PURCELL, CHERYL A  
538 N. PARRAMORE AVE.  
ORLANDO FL 32801

Name: **DEBBIE MCCANN**  
Street Address (P.O. Box Number is Not Acceptable)  
**444 W. NEW ENGLAND AVE STE C.**  
City: **WINTER PARK** FL Zip Code: **32789**

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: **D** ☐ Delete  
NAME: **MCCANN, DEBBIE**  
STREET ADDRESS: **PMB 255, 501 N. ORLANDO AVE., SUITE 313**  
CITY-ST-ZIP: **WINTER PARK FL 32789**

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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: X

**DEBBIE MCCANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

(407) 599-9626  
Daytime Phone #

CRZE034 (9/99)