2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90039 014 ***150.00

DOCUMENT # **S63695**

1. Entity Name
NATURAL CONCEPTS SALON & DAY SPA, INC.

Principal Place of Business
~~138 S COURTENAY PKWY~~
~~MERRITT ISLAND, FL 32952~~

Mailing Address
~~P.O BOX 236516~~
~~COCOA, FL 32926~~

No. Check.

90130986

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 224 McLeod St
Suite, Apt. #, etc.
City & State: Merritt IslanD
Zip: 32952 Country: Brevard

3. Mailing Address: SAme
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-3072620** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, BETTY A.
~~670 N COURTENAY PKWY~~
~~SUITE D~~
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 2080 Newfound Harbor Dr.
City FL Zip Code 32953

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: Betty J Blaschak — DATE: 5-1-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLASCHAK, BETTY J. 4260 SEVILLE AVENUE COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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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: Betty J Blaschak — 5-1-03 — 321-452-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #