2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90386 045 ***150.00

DOCUMENT # S76558

1. Entity Name
Mirror Masters of Palm Beach, Inc

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
31 Eden Lane	31 Eden Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: Lake Placid, FL
Zip: 33857 Country: Highlands	Zip: 33857 Country: Highlands

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0324771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
David C. Zahn
11125 Springwood PL
W. Palm Bch, FL 33414

7. Name and Address of New Registered Agent
Name: David C Zahn
Street Address (P.O. Box Number is Not Acceptable): 31 Eden Lane
City: Lake Placid FL Zip Code: 33857

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: David C. Zahn (holds all offices) [signature] 4-24-01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D, V/S, V/T/D David Zahn 11125 Springwood PL W. Palm Bch FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D, V/S, V/T/D David C. Zahn 31 Eden Lane Lake Placid, FL 33857	☒ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] David Zahn 4-24-01 561-585-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #