

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 8:00 am
Secretary of State

01-20-2005 90020 042 ***150.00

DOCUMENT # S77587

1. Entity Name
USCHI'S EUROPEAN SKIN CARE, INC.



Principal Place of Business
**2665 MALL DR
SARASOTA, FL 34231-5941**

Mailing Address
**2665 MALL DR
SARASOTA, FL 34231-5941**

00001031



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0291086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ESSEX, URSULA
2665 MALL DRIVE
SARASOTA, FL 34231-5941**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ESSEX, URSULA
2665 MALL DR
SARASOTA, FL 342315941**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Ursula Essex

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 12. 05

Date

941-925 7556

Daytime Phone #

SUNTRUST BANK
P O BOX 622227
ORLANDO FL 32862-2227

ATTACHMENT

Page 3 of 3
36/E00/0175/0 /33
0574000007706
01/31/2005

SUNTRUST

66001947
577587

Account
Statement

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3164
NO 1004001

DEC 30-04
DATE

REMITTEE FULLGRAPP
\$ - 695.00

withholding file
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3164 01/04 \$695.00

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3166
NO 1004001

JAN 2-05
DATE

REMITTEE FRIENDS DEP. OF REVENUE
\$ - 56.44

fifty six
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3166 01/24 \$56.44

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3168
NO 1004001

JAN 14-05
DATE

REMITTEE INTERNAL REVENUE SERVICE
\$ - 298.35

Two hundred ninety eight
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3168 01/20 \$298.35

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3169
NO 1004001

JAN 14-05
DATE

REMITTEE INTERNAL REVENUE
\$ - 56.00

fifty six
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3169 01/20 \$56.00

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

40003259 3170
NO 1004001

JAN 14-05
DATE

REMITTEE FLORIDA DEP. OF STATE
\$ - 150.00

one hundred and fifty
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3170 01/27 \$150.00

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3171
NO 1004001

1-19-05
DATE

REMITTEE VERIZON
\$ - 58.08

fifty eight
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3171 01/24 \$58.08

USCIB'S EUROPEAN SKIN CARE INC
2601 MAIL DR
SARASOTA, FL 34231-5941

3172
NO 1004001

JAN 29 05
DATE

REMITTEE URSULA ESSEX
\$ 600.25

Six hundred
L/C

SUNTRUST
SunTrust Bank

Orlando, FL

Ck # 3172 01/31 \$600.25