

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80624

1. Entity Name

ALLUZIONS SALON, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90039 049 ***150.00

Principal Place of Business

4142 S. 3RD STREET
JACKSONVILLE FL 32250-5833

Mailing Address

4142 S. 3RD STREET
JACKSONVILLE FL 32250-5833

2. Principal Place of Business

139 N. ROSCOE Blvd.

3. Mailing Address

139 N. ROSCOE Blvd.

Suite, Apt. #, etc.

Ponte Vedra Bch.

Suite, Apt. #, etc.

Ponte Vedra Bch.

City & State

Florida

City & State

Florida

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3045283

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, ROBERT B.
4142 S. 3RD STREET
JACKSONVILLE FL 32250-5833

7. Name and Address of New Registered Agent

Name

Robert B. Newsome

Street Address (P.O. Box Number is Not Acceptable)

139 N. ROSCOE BLVD.

City

Ponte Vedra Bch.

State

FL

Zip Code

32082

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

Robert B. Newsome

Robert B. Newsome

4-17-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NEWSOME, ROBERT B.
139 N ROSCOE BLVD
PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
NEWSOME, CRISTINA R.
139 N ROSCOE BLVD
PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Robert B. Newsome

4-17-01

Date

Daytime Phone #

904-273-0350

CR2E034 (10/00)