

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13561

1. Entity Name

HELENE SKIN CARE CLINIC, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90152 034 ***150.00

Principal Place of Business

6360 PRESIDENTIAL CT
SUITE 2
FORT MYERS FL 33919

Mailing Address

6301 ARC WAY
FORT MYERS FL 33912-1358
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0315462

Applied For

Not Applicable

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

BUTZKE, HELENE
6390 MARK LANE
FT. MYERS FL 33912

Name

Helene Butzke

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

630 3949 Evans Ave.

City

Fort Myers

FL

Zip Code

33901

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
NAME
STREET ADDRESS
CITY - ST - ZIP

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BUTZKE, HELENE
6360 PRESIDENTIAL CT #2
FORT MYERS FL 33919

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DUDLEY, THOMAS
6390 MARK LANE
FORT MYERS FL 33912

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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:

Helene Butzke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00

941-275-7766