## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## 654696 DOCUMENT #

1. Entity Name

City & State

Zip

SIGNATURE

<u>نا.</u>

TITLE

NAME

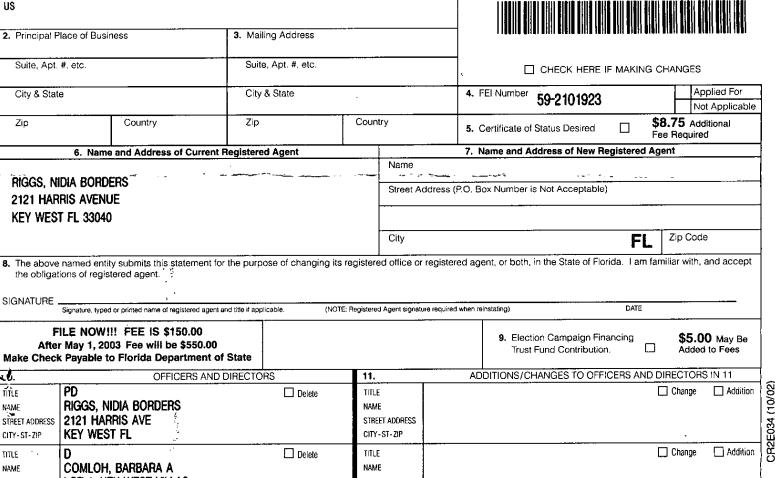
A-1 BEAUTY SHOP, INC.



Principal Place of Business Mailing Address 1415 FIRST STREET A-1 BEAUTY SHOP INC KEY WEST FL 33040 KEY WEST FL 33040 US



04-17-2003 90150 009 \*\*\*150.00



STREET ADDRESS CITY-ST-7IP KEY WEST FL TITLE COMLOH, BARBARA A NAME STREET ADDRESS STREET ADDRESS LOT 4, KEY WEST VILLAS KEY WEST FL CITY-ST-ZIP CITY-ST-ZIP TITLE AT ☐ Delete TITLE Change ☐ Addition NAME HOFFMAN, JOANNA B. NAME STREET ADDRESS 2121 HARRIS AVENUE STREET ADDRESS KEY WEST FL CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

CITY-ST-ZIP