

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90011 024 ***158.75

DOCUMENT # P01000042065

1. Entity Name
SETTLES BEAUTY AND BARBER SUPPLIES, INC.

Principal Place of Business 2526 S. MONROE ST., STE. G TALLAHASSEE FL 32301	Mailing Address 2526 S. MONROE ST., STE. G TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2526 S. MONROE ST Suite, Apt. #, etc. G	3. Mailing Address 6504 N. MERIDIAN RD Suite, Apt. #, etc.
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City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL	4. FEI Number 75-3010533	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country LEON	Zip 32312	Country LEON

6. Name and Address of Current Registered Agent FOUTZ, LORNA 2526 S. MONROE ST., STE. G TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name FOUTZ, LORNA Street Address (P.O. Box Number is Not Acceptable) 2526 S. MONROE ST., STE. G TALLAHASSEE, FLORIDA City FL Zip Code 32301	
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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 *Lorna Foutz* *Lorna Foutz* DATE **02-27-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SETTLES, YOLANDA F 405 MERCURY DR. TALLAHASSEE FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete FOUTZ, WILLIAM SR 6504 N. MERIDIAN RD. TALLAHASSEE FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete FOUTZ, LORNA 6504 N. MERIDIAN RD. TALLAHASSEE FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lorna Foutz* DATE: **02-27-02** DAYTIME PHONE #: **850-668-3297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)