

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90056 030 ***158.75

DOCUMENT # P95000023960

1. Entity Name

SHEAR JOY BEAUTY SALON, INC.

Principal Place of Business

Mailing Address

8430 SW 103R ST RD
 Ocala FL 34481-7766
 US

8430 SW 103RD ST RD
 Ocala FL 34481-7766
 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

59-3306091

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

7. Name and Address of New Registered Agent

WILSON, MARILYN J
7075 SW 93 STATE ROAD
OCALA FL 34476

Name

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

5585 SW 104th ST

City **OCALA**

FL

Zip Code **34476**

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 Delete
 NAME **D**
 STREET ADDRESS **WILSON, MARILYN J**
 CITY-ST-ZIP **5585 S W 104TH STREET**
OCALA FL 34481

TITLE Change Addition
 NAME **V/S/T**
 STREET ADDRESS **PAUL R. WILSON**
 CITY-ST-ZIP **5585 SW 104th ST**
OCALA FL. 34476-9184

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

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: Marilyn J Wilson (MARILYN J WILSON) 1-7-2000 (352) 854-5955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)