

**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 104<sup>th</sup> 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 104<sup>th</sup> ST**  
**OCALA FL. 34476-9184**

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)