2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000067277** 1. Entity Name

EXCALIBUR STYLING SALON, INC.

Principal Place of Business 3183 4TH ST N

Mailing Address

ST PETERSBURG FL 33704

3183 4TH ST N ST PETERSBURG FL 33704

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Apr 02, 2001 8:00 am Secretary of State

04-02-2001 90057 008 ***150.00



DO NOT WRITE IN THIS SPACE

59-3333522

Applied For

Not Applicable

4. FEI Number

PAUCH, AUDREY E 3183 4Th ST N ST. PETERSBURG.FL 33701 City FL Zip Code 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. 9. This acciproration is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election to deep or return terms of registered agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach agent and 1966 approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach. 9. This corporation is oligible to easilely its intangible Tax filing requirement and election of approach agent and 1966 approach. 10. Election Campaign Financing Tax filing requirement and election of approach agent and 1966 approach agent a	Zip		Country	Zip	Coun	try		5. Certificate of	Status Desired		\$8.75 Add Fee Require	litional d		
Street Address (P.O. Box Number is Not Acceptable) City		and Address of Current F		<u> </u>										
ST. PETERSBURG.FL. 33701 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This coliporation is eligible to eatisfy its intangible Tax filling requirement and elects to do so. (See orders on back) PAUGH, AUDREY E 3183 4TH ST N STIPETERSBURG.FL. 33701 TILE PAUGH, AUDREY E 3183 4TH ST N STIPETERSBURG.FL. 33701 TILE NAME AMAPA, LENNAT STIPETARORESS OTY-S1-2P TILE ORIGINATURE PAUGH, AUDREY E 3183 4TH ST N STIPETERSBURG.FL. 33701 TILE NAME AMAPA, LENNAT STIPETARORESS OTY-S1-2P TILE ORIGINATURE OTHER AUDRESS						Name							1	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signature Signa	3183			Street Address (P.O. Box Number is Not Acceptable)										
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 Fiorida. Signature Signa		EIENOBUR	G:FL:33/U1		~a								·	
SIGNATURE 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (Geo criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAUGH, AUDREY STREET ADDRESS CITY-ST-ZIP AMAPA, JEANA T STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDR			City				FL	FL Zip Code						
9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAUGH, AUDREY E 3183 4TH ST N ST PETERSBURG FL 33701 TITLE STREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE SIREET ADDRESS CITY-ST-2P TITLE Delete SIREET ADDRESS CITY-ST-2P TITLE Delete SIREET ADDRESS CITY-ST-2P TITLE Delete SIREET ADDRESS CITY-ST-2P SIREET ADDRESS SIRE	8. The above	named entity	submits this statement for	the purpose of changing its r	egistere	ed office or	registered	agent, or both,	in the State of Fig	orida.]	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAUGH, AUDREY E 3183 4TH ST N SI PETERSBURG FL 33701 TITLE MAME AMAPA, JEANA T 3183 4TH ST N ST PETERSBURG FL 33701 TITLE MAME OUTY-ST-2P TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE	SIGNATURE _	SIGNATURE												
Tas filing requirement and elects to do so. (See criteria on back) Make Check Playable-to Department of State Trust Fund Contributions: Added to Fees Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAUGH, AUDREY E STREET ADDRESS STREET ADD]	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRES	Tax filing r	11 Fee	will be \$5	50.00										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11.							ADDITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE '	Ρ	\$	Delete	- TITLE	*** * ***	** -		,	•	☐ Change	☐ Addition	[8	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	PAUGH. A				:							9	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS				STRE	ET ADDRESS							24	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP				CITY	ST-ZiP							l Si	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			Delete	TITLE		< <u>+</u>				Change	☐ Addition	128	
TITLE]		FANA T				. O 100	0 -01	Tran	$\alpha \overline{1}$			0	
TITLE	STREET ADDRESS				STRE	T ADDRESS	1-111	3 (1)	3 (00.	L NY	vHn			
TITLE	CITY-ST-ZIP						SIC	D CHOK) BHASE	713	270 L			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	OI I E I E I I	ODONG 1 E 33701	□ Doloto	TITLE			11777	1 2 Brish	,,	☐ Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				m neiere							Onlings	L. J Addition	l	
CITY-ST-ZIP	1													
Delete													1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				——————————————————————————————————————	4						<u> </u>		{	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	l l			∟ Delete	8						Change	Addition	ļ	
CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS													1-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	+		- m -		-	-						r==	┨	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	h i			☐ Delete							() Change	. Addition	ļ	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ITTLE ITT	ľ													
TITLE TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS													ł	
NAME STREET ADDRESS STREET ADDRESS				<u></u>	UIY-	21-TİL								
STREET ADDRESS STREET ADDRESS	1	•		☐ Delete							Change	☐ Addition		
CITY-ST-ZIP CITY-ST-ZIP													1	
	CITY-ST-ZIP				CITY-	ST-ZIP								

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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR