

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90269 014 \*\*\*150.00

**DOCUMENT # P97000023130**

1. Entity Name  
**NEW INSPIRATIONS BEAUTY SALON INC.**

Principal Place of Business      Mailing Address  
**7148 GLENWOOD DR**      **7148 GLENWOOD DR**  
**BOYNTON BEACH FL 33436**      **BOYNTON BEACH FL 33436**

**60010400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1896 N Federal Hwy**      **same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Boynton Beh FL**      **same**

4. FEI Number      Applied For  
**65-0729481**      Not Applicable

Zip      Country      Zip      Country  
**33435**      **U.S.**      **same**      **-**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**GREEN-HATCHER, EILEEN**  
**7148 GLENWOOD DRIVE**  
**LANTANA FL 33462**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE *Eileen Hatcher*      DATE  
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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN-HATCHER, EILEEN</b>	
STREET ADDRESS	<b>7148 GLENWOOD DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, FANNIE</b>	
STREET ADDRESS	<b>424 NE 2ND STREET</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *Eileen Hatcher*      Date **17 Jan 01**      Daytime Phone # **218-1665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)