

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90295 008 ***150.00

DOCUMENT # **P98000034881**

1. Entity Name
A PRECIOUS TOUCH HAIR SALON INC.



55040440

Principal Place of Business
**2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713**

A Precious Touch Hair Salon Inc.

2. Principal Place of Business

3. Mailing Address

2044 2nd Ave N

☐ CHECK HERE IF MAKING CHANGES



Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

St. Pete, FL

4. FEI Number **59-3504690**

Applied For
☐ Not Applicable

Zip
33701

Country
USA

Zip
33713

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, TAMMY L
2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, TAMMY L	
STREET ADDRESS	2044 2ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	<i>Owner/President</i>	<input type="checkbox"/> Delete
NAME	<i>TAMMY L MOORE</i>	
STREET ADDRESS	<i>2044 2nd Ave N</i>	
CITY-ST-ZIP	<i>ST. PETE FL 33713</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RE MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
April 23 2003
Date

813-4144
Daytime Phone

CR2034 (10/02)