I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETH SWIRE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/20/2020

# DOCUMENT# P12000059565

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BETH SWIRE BEAUTY SERVICES INC.

## **Current Principal Place of Business:**

10445 QUAILWOOD LANE А BOYNTON BEACH, FL 33436

## **Current Mailing Address:**

10445 QUAILWOOD LANE Α BOYNTON BEACH, FL 33436 US

#### FEI Number: 46-0534745

### Name and Address of Current Registered Agent:

SWIRE, BETH 10445 QUAILWOOD LANE A BOYNTON BEACH, FL 33436 US

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:

#### Electronic Signature of Registered Agent . .. ------

Officer/Director Detail :				
	Title	DIR	Title	Р
	Name	SWIRE, BETH	Name	SWIRE, BETH
	Address	10445 QUAILWOOD LANE A	Address	10445 QUAILWOOD LANE A
	City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

#### Certificate of Status Desired: No

Date

#### FILED Jan 20, 2020 Secretary of State 5695452755CC

Date