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

01/30/2022

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:

Officer/Director Detail :					
Title	DIR	Title	Р		
Name	SWIRE, BETH	Name	SWIRE, BETH		
Address	9735 PAVAROTTI TERRACE 102	Address	9735 PAVAROTTI TERRACE 102		
City-State-Zip	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437		

Officer/Director Detail :				
Title	DIR	Title	Р	
Name	SWIRE, BETH	Name	SWIRE, BETH	
Address	9735 PAVAROTTI TERRACE 102	Address	9735 PAVAROTTI TERRACE 102	
City State Zin:		City State Zin:		

### **Current Principal Place of Business:** 9735 PAVAROTTI TERRACE

102 BOYNTON BEACH, FL 33437

DOCUMENT# P12000059565

## **Current Mailing Address:**

9735 PAVAROTTI TERRACE 102 BOYNTON BEACH, FL 33437 US

## FEI Number: 46-0534745

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BETH SWIRE BEAUTY SERVICES INC.

SWIRE, BETH 9735 PAVAROTTI TERRACE 102 BOYNTON BEACH, FL 33437 US Certificate of Status Desired: No

Date

Date