

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000005746

**FILED**  
**Jan 09, 2020**  
**Secretary of State**  
**3276192411CC**

**Entity Name:** CITY BEAUTY SUPPLY II INC

**Current Principal Place of Business:**

2594 N MONROE ST  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2594 N MONROE ST  
TALLAHASSEE, FL 32303

**FEI Number:** 47-1271948

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, RANDALL  
2594 N MONROE ST  
TALLAHASSEE, FL 32303 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

Date

**Officer/Director Detail :**

Title P  
Name GRANT, LAWRENCE  
Address 2594 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name GRANT, YONOK  
Address 2594 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name GRANT, RANDALL  
Address 2594 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY  
Name GRANT, DONNA M  
Address 2594 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

*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:** RANDALL GRANT

VP

01/09/2020

Electronic Signature of Signing Officer/Director Detail

Date