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. 04/27/2022

Ρ

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: OCA L 34476 City-State-Zip: OCALA FL 34476

#### Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	Р	Title	VP
Name	MARQUE, ALEXANDRE	Name	LANDRUM, MAGALIE
Address	4749 SW 111 PL	Address	4749 SW 111 PL
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

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.

# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P2100009461

## Entity Name: ALEX BEAUTY SUPPLIES AND ACCESORIES INC

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

166 MARION OAKS BLVD UNIT 1 OCALA, FL 34473

#### **Current Mailing Address:**

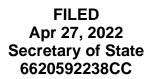
4749 SW 111 PL OCALA, FL 34476

#### FEI Number: 86-2735172

Name and Address of Current Registered Agent:

MARQUE, ALEXANDRE 4749 SW 111 PL OCALA, FL 34476 US

SIGNATURE:



Certificate of Status Desired: No

Date

Date