

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203979

1. Entity Name

ACE BEAUTY CO.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90009 026 \*\*\*550.00

Principal Place of Business

7301 114 AVENUE NORTH  
 LARGO FL 33773  
 US

Mailing Address

JH ENTERPRISES/ACE BEAUTY COMPANY  
 P.O. BOX 170. ATN: ACCOUNTS PAYABLE  
 PINELLAS PARK FL 33780  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0806989

Applied For

Not Applicable

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

REID, ROBERT L.  
 7301 114 AVENUE NORTH  
 LARGO FL 33773

Name  
 KERSCHNER, ALAN D.

Street Address (P.O. Box Number is Not Acceptable)

7301 114 AVENUE NORTH

City  
 LARGO, FL 33773

FL

Zip Code  
 33773

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.

SIGNATURE

*[Signature]*

9/13/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	NAME	REID, LEIGHTON J	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE	PD	NAME	REID, ROBERT L.	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE	TD	NAME	REID, SARA	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	CD	NAME	VON ALLMEN DOUGLAS J.	STREET ADDRESS	1610 DES PERES RD, SUITE 395	CITY-ST-ZIP	ST. LOUIS, MO 63131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VISID	NAME	OLSON, BRUCE A.	STREET ADDRESS	1610 DES PERES RD, SUITE 395.	CITY-ST-ZIP	ST. LOUIS, MO 63131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	CHEEK, JAMES D.	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	HEUTHER, KELLY	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	MISSAD, SCOTT N.	STREET ADDRESS	7301 114 AVENUE	CITY-ST-ZIP	LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/T	NAME	KERSCHNER, ALAN D.	STREET ADDRESS	7301 114 AVENUE NORTH	CITY-ST-ZIP	LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/2000 (727) 544-8861

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
203979  
A0078825

ACE BEAUTY COMPANY  
2000 UNIFORM BUSINESS REPORT  
SEPTEMBER 13, 2000

Two additional officer changes for block #12

Title	Assistant Secretary
Name	Kaplan, Philip G.
Street Address	1610 Des Peres Road, Suite 395
City-ST-Zip	St. Louis, MO 63131

Title	Assistant Treasurer
Name	Fiegle, James R.
Street Address	7301 114th Avenue North
City-ST-Zip	Largo, FL 33773