

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 370781

1. Entity Name

LADONNA HAIR FASHIONS, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90107 049 \*\*\*150.00

Principal Place of Business

1021 HWY. 98  
DESTIN FL 32541

Mailing Address

1021 HWY. 98  
DESTIN FL 32541-2908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1308580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUART, DONNA W  
166 FORREST ST  
DEATIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	STUART, DONNA W	
STREET ADDRESS	166 FORREST ST	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFFREY L	
STREET ADDRESS	6671 LAKE CANE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, MELVIN	
STREET ADDRESS	RED HOOK MARINA	
CITY-ST-ZIP	ST. THOMAS, USVI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STUART, MICHELLE	
STREET ADDRESS	7 CAHABA COURT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STUART, BRETT	
STREET ADDRESS	26TH STREET	
CITY-ST-ZIP	NICEVILLE FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #