

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372198

1. Entity Name
DONN'S HAIR FASHIONS, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90045 041 ***150.00

Principal Place of Business
1408 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address
1408 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

646209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1083960

Applied For
Not Applicable

Zip Country

Zip Country

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

TORNABENE, JOSEPH P.
4702 SW 25TH CT. 4102 S.W. 27TH AVE.
CAPE CORAL FL 33914

Name

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

4102 SW 27TH AVE.

City CAPE CORAL, FL 33914 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: JEANNE ANN TORNABENE V. Pr Sec. 4/23/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TORNABENE, JOSEPH P.
STREET ADDRESS 4102 SW 27TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME TORNABENE, JEANNE ANN
STREET ADDRESS 4102 SW 27TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: JEANNE ANN TORNABENE V. Pr Sec. 4/23/01 (941) 589-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEANNE ANN TORNABENE

CR2E034 (10/00)