

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90053 041 \*\*\*150.00

DOCUMENT # 373449

1. Entity Name

TAMIAMI BEAUTY & BARBER SUPPLY, INC.

Principal Place of Business

Mailing Address

2019 LAFAYETTE ST  
FORT MYERS FL 33901

2019 LAFAYETTE ST  
FORT MYERS FLA 33901-3752

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 59-1317171

5. Certificate of Status Desired ☐

\$8.75  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBRELL, DONALD  
2803 MCGREGOR BLVD  
FORT MYERS FL 33901

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  
Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE V  
NAME KIMBRELL, JOHN  
STREET ADDRESS 1743 CYPRESS DRIVE  
CITY-ST-ZIP FORT MYERS, FL 00000 ☐ Delete

TITLE D  
NAME KIMBRELL, RALPH  
STREET ADDRESS 5047 FAIRFIELD DRIVE  
CITY-ST-ZIP FORT MYERS, FL 00000 ☐ Delete

TITLE P  
NAME KIMBRELL, DONALD  
STREET ADDRESS 2803 MCGREGOR BLVD  
CITY-ST-ZIP FORT MYERS, FL 00000 ☐ Delete

TITLE ST  
NAME KIMBRELL, MILDRED  
STREET ADDRESS 5047 FAIRFIELD DR.  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
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CITY-ST-ZIP ☐ Change

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CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
JOHN KIMBRELL

1/31/00

(941) 334-72

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #