

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**  
 04-05-2000 90077 026 \*\*\*150.00

**DOCUMENT # 404102**

1. Entity Name

**VILLAGE BEAUTE NOOK, INC.**

Principal Place of Business

**7703 CYPRESS KNEE DR  
 HUDSON FL 34667  
 US**

Mailing Address

**7703 CYPRESS KNEE DR  
 HUDSON FL 34669-2721  
 US**

2. Principal Place of Business

**12430 CINNAMON LANE**

3. Mailing Address

**12430 CINNAMON LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HUDSON, FL**

City & State  
**HUDSON, FL**

4. FEI Number **59-1457898**

Applied For  
 Not Applicable

Zip  
**34669**

Country

Zip  
**34669**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAF, PATRICIA N  
 7703 CYPRESS KNEE DR  
 HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name-  
**GRAF, PATRICIA N.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12430 CINNAMON LANE**  
 City **HUDSON,** **FL** Zip Code **34669**

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 *Patricia N. Graf*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*x 3-30-00*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAF, PATRICIA N 7703 CYPRESS KNEE DR HUDSON FL</b>	<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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T GRAF, PATRICIA N. 12430 CINNAMON LANE HUDSON, FL 34669</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Patricia N. Graf* **PATRICIA N. GRAF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 3/30/00 727-268-7214*  
 Date Daytime Phone #

CR2E034 (9/99)