

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90001 050 \*\*\*150.00

0385247

**DOCUMENT # 404200****1. Entity Name**  
**MISS SALLY C., INC.**

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD 101 PO BOX DRAWER 06205 FT MYERS FL 33906	12670 NEW BRITTANY BLVD 101 PO BOX DRAWER 06205 FT MYERS FL 33906

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-1401065**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****COSTELLO, TRUMAN J.**  
**1221 SHADOW LANE**  
**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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	COSTELLO JR, MURRAY JOHN	12670 NEW BRITTANY BLVD	FORT MYERS FL	<input type="checkbox"/>
ST	COSTELLO, TRUMAN J	1221 SHADOW LN	FT MYERS FL	<input type="checkbox"/>
D	COSTELLO, CHARLES M	2627 MCGREGOR BLVD.	FT MYERS FL	<input type="checkbox"/>
DA	COSTELLO, TRUMAN J.	1221 SHADOW LANE	FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

**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:** *M. J. Costello, Jr.* **M. J. COSTELLO, JR.****2/16/01** **941-437-0462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)