## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # 442249 1. Entity Name RICHARD FRANK, COIFFURES, INC. 01-28-2000 90093 049 \*\*\*150.00 Principal Place of Business Mailing Address 12346 US HWY 19 12346 US HWY 19 HUDSON FL 34667 HUDSON FL 34667-1948 OUTSTAN 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1502200 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIGANTI, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 8605 MILL-CREEK LANE --**BOYONET POINT. 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ST ☐ Change Addition TITLE TITLE ☐:Delete GIGANTI, RUTH B NAME -NAME STREET ADDRESS STREET ADDRESS 8605 MILLCREEK LAN CITY-ST-ZIP **BAYONET POINT, FL 00000** CITY-ST-ZIP Addition ` Delete Change TITLE TITLE GIGANTI, RICHARD F. NAME 8605 MILLCREEK LAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAYONET POINT, FL 00000** CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . - Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thange Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 attachme

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**SIGNATURE:** 

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OFFICER OR DIRECTOR