

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 453964

1. Entity Name

SOUTHEASTERN BARBER SUPPLY, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90052 040 \*\*\*150.00

Principal Place of Business

Mailing Address

220 MAIN STREET  
P O BOX 1367  
MCCOMB MS 39648

220 MAIN STREET  
P O BOX 1367  
MCCOMB MS 39648-3924



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

59-1544167

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

SMITH, STEWART A.  
5110 UNIVERSITY BLVD W.  
JACKSONVILLE FL 32216

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** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, STEWART	
STREET ADDRESS	220 MAIN ST	
CITY-ST-ZIP	MCCOMB MS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, STEWART	
STREET ADDRESS	5510 UNIVERSITY BLVD W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, AILEEN B.	
STREET ADDRESS	220 MAIN STREET	
CITY-ST-ZIP	MCCOMB MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 601-684 5345

CR2E034 (9/99)