

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90078 025 ***150.00

DOCUMENT # 510929

1. Entity Name

PAT & DONNA'S BEAUTY SALON, INC.

Principal Place of Business

**110 NORTH PINE STREET
 INVERNESS FL 34453**

Mailing Address

**SLAYMAKER AND NELSON P.A.
 2218 HIGHWAY 44
 INVERNESS FL 34453**

2. Principal Place of Business

3. Mailing Address

8940 E Sweetwater Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness FL 34450

4. FEI Number **59-1685239**

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

**SLAYMAKER, THOMAS E., ESQ.
 2218 HIGHWAY 44 WEST
 INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name

Diane Weigel

Street Address (P.O. Box Number is Not Acceptable)

8940 E Sweetwater Drive

City

Inverness

FL

Zip Code

34450

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

Diane Weigel

PRESIDENT/OWNER 4-26-01

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. ☐

**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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DE SIMONE, DONNA JEAN	
STREET ADDRESS	110 NORTH PINE STREET	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	CHITTY, PATRICIA ANN	
STREET ADDRESS	110 NORTH PINE STREET	
CITY-ST-ZIP	INVERNESS FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Weigel	
STREET ADDRESS	8940 E Sweetwater Dr	
CITY-ST-ZIP	Inverness FL 34450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Diane Weigel

3-30-01

352-726-4247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)