

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 586154

1. Entity Name

BROOKRIDGE BEAUTY SALON, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90008 036 ***150.00

Principal Place of Business

Mailing Address

1373 KASS CIRCLE
SPRING HILL FL 34606-4351
US

1373 KASS CIRCLE
SPRING HILL FL 34606
US

2. Principal Place of Business

3. Mailing Address

1373 Kass Circle
Suite, Apt. #, etc.

1373 Kass Circle
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1874877

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

ADJAN, LOUIS
1397 KASS CIRCLE
SUITE 107
SPRING HILL FL 34606

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D ADJAN, IRENE E 10052 TWELVE OAKS COURT WEEKI WACHEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADJAN, LOUIS 10052 TWELVE OAKS CORUT WEEKI WACHEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 powers.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

352-683-0320

Daytime Phone #

CR2E034 (9/99)