

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90216 031 ***158.75

DOCUMENT # 631283

1. Entity Name
PRESTIGE HAIRSTYLING, INC.

Principal Place of Business
16210 N FLORIDA AVENUE
LUTZ FL 33549
US

Mailing Address
PO BOX 270416
P.O. BOX 270416
TAMPA FL 33688
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1952491**

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

WEBB, NANCY B.
26748 MAGNOLIA BLVD
LUTZ FL 33549

Name

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

10637 COLLIER DR.
SAN ANTONIO FLA. 33576

City

SAN ANTONIO

FL

Zip Code

33576

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **WEBB, NANCY B**
 CITY-ST-ZIP **26748 MAGNOLIA BLVD**
LUTZ FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **10637 COLLIER DR**
 CITY-ST-ZIP **SAN ANTONIO, FLA. 33576**

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **WEBB, NANCY B.**
 CITY-ST-ZIP **26748 MAGNOLIA BLVD**
LUTZ FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **SAME AS ABOVE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **WEBB, NANCY B.**
 CITY-ST-ZIP **26748 MAGNOLIA BLVD**
LUTZ FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **SAME AS ABOVE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Nancy B. Webb **NANCY B. WEBB**

4-25-02 813-961-4158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)