

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825593

1. Entity Name

THE WELLA CORPORATION

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90003 001 \*\*\*150.00

Principal Place of Business

Mailing Address

12 MERCEDES DR  
MONTLAKE NJ 07645  
US

12 MERCEDES DR  
MONTLAKE NJ 07645-1816  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3146121

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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	SD	<input type="checkbox"/> Delete
NAME	SCANLON, ELIZABETH	
STREET ADDRESS	12 MERCEDES DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HABROCK, THOMAS	
STREET ADDRESS	12 MERCEDES DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCOLL, WALTER	
STREET ADDRESS	12 MERCEDES DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PITSCH, KAARL-HEINZ	
STREET ADDRESS	12 MERCEDES DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARRAS, HANS	
STREET ADDRESS	4650 OAKLEYS LANE	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD GODDARD, STEVE
STREET ADDRESS	12 MERCEDES DRIVE
CITY-ST-ZIP	MONTVALE NJ
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)