

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00896

1. Entity Name

Applause A Complete Hair Care Centers, Inc

Principal Place of Business

Mailing Address

120 19 Ave NE (Same)
ST. Pete Florida 33704

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

59-2039139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Albanese, Nicholas A
120 19 Ave NE
ST. Pete FL. 33704

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. ☐

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
President/Treas.
Albanese, Nicholas A
120 19 Ave NE
ST Pete FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003142921--9
-02/22/00--01053--001
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☐ Change ☐ 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 like empowered.

SIGNATURE:

Nicholas A. Albanese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 727-895-3272

CR2E034 (9/99)

1/17/00

(2)

To Whom It May Concern,

PS

This letter is to inform you that I didn't receive our annual report last year, as we sold our business and changed the location of our Corp. I forgot to send a change of address to you.

I hope you can reinstate us. If possible I realized that this would be a one time only waive fee.

Enclosed is a check for \$300.00.

\$150.00 for 1999.
150.00 for 2000.

Thank You

Sincerely

Nicholas Albanese

Nicholas Albanese