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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SHEAR PLEASURE BARBER & BEAUTY SALONS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT GRECO

Name of Person

SHEAR PLEASURE BARBER & BEAUTY SALONS, INC.

Firm/Company

620 HUGHES STREET

Address

CAPE MAY, NJ 08204

City/State and Zip code

bob42854@Comcast.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT GRECO

Name of Person

at ( 609 ) 884-3047

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SHEAR PLEASURE BARBER & BEAUTY SALONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3169222

(FEI number, if applicable)

4. APRIL 15, 1992

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 620 HUGHES STREET, CAPE MAY, NEW JERSEY 08204

(Principal office address)

620 HUGHES STREET, CAPE MAY, NEW JERSEY 08204

(Current mailing address)

8. PERSONAL SERVICES: HAIR CARE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT GRECO

Office Address: 1757 MEMORIAL TRAIL

EGLIN AFB

(City)

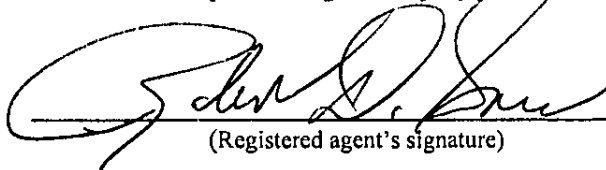
, Florida 32542-1406

(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: ROBERT GRECO

Address: 620 HUGHES STREET

CAPE MAY, NJ 08204

Vice President: DONNA GRECO

Address: 620 HUGHES STREET

CAPE MAY, NJ 08204

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. ROBERT GRECO, PRESIDENT

(Typed or printed name and capacity of person signing application)

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**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING

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**SHEAR PLEASURE BARBER & BEAUTY SALONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0100514975

*With the Previous or Alternate Name*

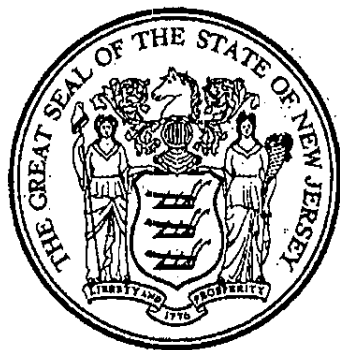
**SHEER PLEASURE BARBER & BEAUTY SALONS, INC. (Previous Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 15, 1992.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Robert D. Greco  
620 Hughes Street  
Cape May, NJ 08204*



Certification# 119004777

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
16th day of December, 2010*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)