

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90008 044 ***150.00

0420606

DOCUMENT # F64602

1. Entity Name
ABOVE PAR HAIR AND NAILS, INC.

Principal Place of Business Mailing Address
1373 KASS CIR. **1373 KASS CIR.**
SPRINGHILL FL 34606 **SPRINGHILL FL 34606**
US **US**

2. Principal Place of Business 3. Mailing Address
1425 KASS CIR. **1425 KASS CIR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SPRING HILL FL **SPRING HILL FL**

Zip Country Zip Country
34606 **US** **34606** **US**

4. FEI Number Applied For
59-2189866 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

ADJAN, LOUIS
1397 KASS CIRCLE **10052 TWELVE OAKS CT**
SUITE 107
SPRINGHILL FL 34606 **BROOKSVILLE FL 34613**

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, 2001 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 **VTD** Delete
 NAME **ADJAN, IRENE E**
 STREET ADDRESS **1373 KASS CIRCLE** **10052 TWELVE OAKS CT**
 CITY-ST-ZIP **SPRINGHILL FL 34606** **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **ADJAN, LOUIS**
 STREET ADDRESS **1373 KASS CIRCLE** **10052 TWELVE OAKS CT**
 CITY-ST-ZIP **SPRINGHILL FL 34606** **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **O'BROCTO, BARBARA**
 STREET ADDRESS **7373 SPRING HILL DR.**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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: Louis Adjan **LOUIS ADJAN** **3-7-01** **352 683 0320**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)