

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90088 004 \*\*\*150.00

**DOCUMENT # F69243**

1. Entity Name

**SEBASTIAN HAIRSTYLING, INC.**

Principal Place of Business

% EDWARD BRUCE ADLER  
 1323 N CENTRAL AVENUE  
 SEBASTIAN FL 32958

Mailing Address

% EDWARD BRUCE ADLER  
 1323 N CENTRAL AVENUE  
 SEBASTIAN FL 32958-1607

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 **59-2167738**

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

**ADLER, EDWARD BRUCE**  
**1323 N CENTRAL AVENUE**  
**SEBASTIAN FL 32958**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, WILMA DOROTHY</b>		NAME	<b>ADLER, WILMA DOROTHY</b>	
STREET ADDRESS	<b>1323 N CENTRAL AVE</b>		STREET ADDRESS	<b>1323 N CENTRAL AVE</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL 00000</b>		CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, EDWARD BRUCE</b>		NAME		
STREET ADDRESS	<b>1323 N CENTRAL AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBASTIAN, FL 00000</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Edward Bruce Adler **EDWARD BRUCE ADLER** 3/14/2000 561-589-7875  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP-0001 (03/00)