

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000000739

1. Entity Name

BEAUTY OF NORTH FLORIDA, INC.

000114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

675 N. ALAFAYA TRAIL

Suite, Apt. #, etc.

3. Mailing Address

8100 E. 22ND ST. N.

Suite, Apt. #, etc.

BUILDING 200

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL 32828

City & State

WICHITA, KS

4. FEI Number

48-1146096

Applied For

Not Applicable

Zip

32828

Country

Zip

67226

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

CITY
PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
SHELTON, JACK L.
8100 E. 22ND ST N. BLD 200
WICHITA, KS 67226

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VD
SHELTON, GREG L.
8100 E. 22ND ST. N. BLD. 200
WICHITA, KS 67226

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

STD
O'CONNOR, DOUGLAS C.
8100 E. 22ND ST. N. BLD. 200
WICHITA, KS 67226

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 316-685-9278
Daytime Phone #

CR2E034B (12/01)