

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12970

1. Entity Name
ZANE & CO. HAIR SALON

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

05-10-2001 90105 012 ***150.00

Principal Place of Business
**3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**

Mailing Address
**3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**



DO NOT WRITE IN THIS SPACE

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 59-2354108	Applied For
	Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SHAW, KRASHEL ZANE
3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**

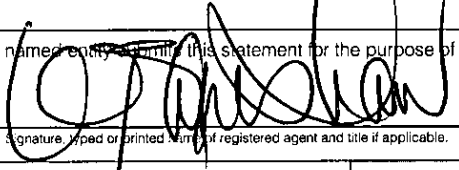
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity certifies 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

4-26-01

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, 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

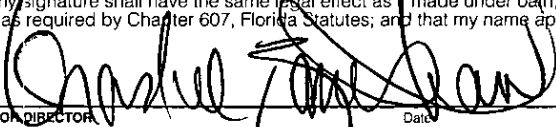
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, KRASHEL Z 3611 ST. JOHNS AVENUE JACKSONVILLE, FL 0 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALTON, J. C 3611 ST. JOHNS AVE. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAW, KRASHEL Z 3611 ST. JOHNS AVE. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALTON, J. C 3611 ST. JOHNS AVE. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **KRASHEL ZANE SHAW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

904-389-5533

4-26-01

CR2E034 (10/00)