

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G38654

1. Entity Name

17TH STREET HAIR DESIGNS, INC.

Principal Place of Business

C/O PHYLLIS WORKMAN SANDERSON  
1684 S.E. 10TH AVENUE  
FORT LAUDERDALE FL 33316

Mailing Address

C/O PHYLLIS WORKMAN SANDERSON  
1684 S.E. 10TH AVENUE  
FORT LAUDERDALE FL 33316

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 59-2314236

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORKMAN, SANDERSON P  
1684 S.E. 10TH AVENUE  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name PHYLLIS SANDERSON

Street Address (P.O. Box Number is Not Acceptable)  
1684 SE 10TH AVE

City FT. LAUDERDALE FL 33316

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, 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	DSV	<input type="checkbox"/> Delete
NAME	SANDERSON, PHYLLIS	
STREET ADDRESS	804 SW 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PALMER, JUDITH A	
STREET ADDRESS	604 SW 18TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS SANDERSON

Date

Daytime Phone #

FILED  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90098 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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