

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76158

1. Entity Name

THE DUTCHESS BEAUTY SUPPLY

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 027 ***150.00

Principal Place of Business

2210 N. TAMiami TRAIL
 NAPLES FL 34103
 US

Mailing Address

2210 N. TAMiami TRAIL
 NAPLES FL 34103-4401
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2353272

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUNSHORE, ELLEN
 2210 N. TAMiami TRAIL
 NAPLES FL ~~34103~~

ZIP CHANGE
 34103

Name

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

City

FL

Zip Code

34103

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST
 GUNSHORE, ELLEN
 2210 N. TAMiami TRAIL
 NAPLES FL 34103 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Ellen Gunshore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 941-262-9440
 Date Daytime Phone #

CR2E034 (9/99)