

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20694

1. Entity Name

TRUDY'S & PAT'S BEAUTY SALON, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90137 001 ***150.00

Principal Place of Business

Mailing Address

1118 EAST ATLANTIC AV
DELRAY BEACH FL 33483
US

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DELRAY BEACH FL 33483
US

CUU45463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1118 E. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL.

City & State

4. FEI Number 59-2464407

Applied For

Not Applicable

Zip 33483

Country USA

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

TWELVES, PATRICIA A.
6091 PINE DRIVE
LANTANA FL 33462

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME RAILEY, TRUDY A.
STREET ADDRESS 4225 N. LANDAR DR
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME TWELVES, PATRICIA
STREET ADDRESS 6091 PINE DR.
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: PATRICIA A. TWELVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 (561)-276-5622
Date Daytime Phone #

CR2E034 (10/00)