

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37137

1. Entity Name

PROFESSIONAL SALON SERVICES OF FLORIDA, INC.

APPROVED
AND
FILED

00 OCT 30 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

278 TALLEYRAND AVE.
JACKSONVILLE FL 32202

Mailing Address

278 TALLEYRAND AVE.
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2480832

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

SCIOSCIA, JOHN P.
5221 BAY WATER DRIVE
TAMPA FL 33615

See new
address

7. Name and Address of New Registered Agent

Name Scioscia, John P.

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

561 Lucerne Avenue

City

Tampa

FL

Zip Code

33606

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

John Scioscia

John Scioscia

10/25/00

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 \$550.00

AFTER SEPTEMBER 13, 2000 MIN. WILL BE \$750.00

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 D
NAME SCIOSCIA, JOHN P.
STREET ADDRESS 561 LUCERNE AVE
CITY-ST-ZIP TAMPA FL 33606

☐ Delete

TITLE D
NAME RICKETSON, CHRIS R.
STREET ADDRESS 8160 BLUE JAY LANE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500003479095-1
-11/28/00--01103--021
****750.00 ****750.00

TITLE D
NAME Ricketson, Chris R.
STREET ADDRESS 7239 Ramoth Drive
CITY-ST-ZIP Jacksonville, FL 32226

☒ 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:

Chris Ricketson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00 904-353-4200

Date

Daytime Phone #

CR2E034 (5/00)