


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90186 041 ***158.75

DOCUMENT # H92192

1. Entity Name
BAREFOOT BAY BEAUTY SALON, INC.



Principal Place of Business
**% DORIS J. MITCHELL
935 BAREFOOT BLVD. SUITE 3
BAREFOOT BAY FL 32976
US**

Mailing Address
**% DORIS J. MITCHELL
935 BAREFOOT BLVD.. SUITE 3
BAREFOOT BAY FL 32976
US**



2. Principal Place of Business
70 CORAL L. SCHABER

3. Mailing Address
% CORAL L. SCHABER

Suite, Apt. #, etc.
935 BAREFOOT BLVD SUITE 3

City & State
BAREFOOT BAY FL 32976

City & State
BAREFOOT BAY FL

Zip
32976

Country
US

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2623331** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, DORIS J.
935 BAREFOOT BLVD.
SUITE 3
BAREFOOT BAY FL 32976

Deceased

7. Name and Address of New Registered Agent

Name
CORAL L. SCHABER

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

SUITE 3

City
BAREFOOT BAY

State
FL

Zip Code
32976

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. I am familiar with, and accept the obligations of registered agent.

CORAL L. SCHABER PRES.

SIGNATURE *Coral L. Schaber Pres.* **2/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHABER, CORAL L. 935 BAREFOOT BLVD. BAREFOOT BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL, DORIS J. 935 BAREFOOT BLVD. BAREFOOT BAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARNOLD H. SCHABER 935 BAREFOOT BLVD. BAREFOOT BAY FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CORAL L. SCHABER PRES/D* **2/7/03 772-664-1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)