

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90051 038 ***158.75

DOCUMENT # H99156 1. Entity Name NEW TREND HAIR DESIGNERS, INC.																																																																																																							
Principal Place of Business NEW TREND HAIR DESIGNERS 7563 UNIVERSITY BLVD. WINTER PARK FL 32792		Mailing Address NEW TREND HAIR DESIGN 7563 UNIVERSITY BLVD. WINTER PARK FL 32792																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
6. Name and Address of Current Registered Agent ALLEN, SUSAN E. 1252 FLOWERS POINTE LANE ORLANDO FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <div>DP</div> <div>ALLEN, SUSAN</div> <div>1252 FLOWERS POINTE LANE</div> <div>ORLANDO FL</div> <div><input type="checkbox"/> Delete</div> </td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <div>ST</div> <div>KIRK, AMI</div> <div>3239 GINGER CIRCLE</div> <div>ORLANDO FL</div> <div><input type="checkbox"/> Delete</div> </td> <td>TITLE</td> <td> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <div>DV</div> <div>SKELTON, ZANETTA WENGER</div> <div>RT. 2 BOX 552C</div> <div>SUMMERLAND KEY FL</div> <div><input type="checkbox"/> Delete</div> </td> <td>TITLE</td> <td> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><div><input type="checkbox"/> Delete</div></td> <td>TITLE</td> <td> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><div><input type="checkbox"/> Delete</div></td> <td>TITLE</td> <td> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><div><input type="checkbox"/> Delete</div></td> <td>TITLE</td> <td> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	<div>DP</div> <div>ALLEN, SUSAN</div> <div>1252 FLOWERS POINTE LANE</div> <div>ORLANDO FL</div> <div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<div>ST</div> <div>KIRK, AMI</div> <div>3239 GINGER CIRCLE</div> <div>ORLANDO FL</div> <div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<div>DV</div> <div>SKELTON, ZANETTA WENGER</div> <div>RT. 2 BOX 552C</div> <div>SUMMERLAND KEY FL</div> <div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<div><input type="checkbox"/> Delete</div>	TITLE	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: <u>Susan E Allen</u> 2/22/01 407-678-5462 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																							



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)