

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90268 042 ***150.00

DOCUMENT # J24858

1. Entity Name

HAIR BY JOANN, INC.

Principal Place of Business

1319 CAPE CORAL PKWY EAST
CAPE CORAL FL 33904
US

Mailing Address

5013 S.W. 26TH PLACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

1333 Cape Coral Pkwy E.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

4. FEI Number

59-2707788

Applied For

Not Applicable

Zip

33904

Country

Le

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

LADEMAN, CARRIE E
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

Name

Carrie E Lademan

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

Same - Just address change

300 3200 Tamiami Trail N.

City

Naples FL

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, 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 PD
NAME POULOS, JO ANN
STREET ADDRESS 5013 SW 26TH PL
CITY-ST-ZIP CAPE CORAL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME POULOS, GEORGE
STREET ADDRESS 5013 SW 26TH PL
CITY-ST-ZIP CAPE CORAL FL

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CITY-ST-ZIP

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STREET ADDRESS 5013 SW 26TH PL
CITY-ST-ZIP CAPE CORAL FL

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☐ 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:

JOANN POULOS JOANN POULOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 941-542-2124

Date

Daytime Phone #

CR2E034 (10/00)