

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40009

1. Entity Name
CHERI'S HAIR PORT, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90135 006 ***150.00

Principal Place of Business

Mailing Address

C/O CHERYL KREWSON
460 NORTH C.R. 427, UNIT 124
LONGWOOD FL 32750
US

C/O CHERYL KREWSON
460 NORTH CR 427, UNIT 124
LONGWOOD FL 32750
US

00033596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

421 East State Road 434
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 520007
Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Longwood Florida

4. FEI Number

59-2736568

Applied For

Not Applicable

Zip

Country

32750

USA

Zip

Country

32752-0007

USA

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

KREWSON, CHERYL
460 NORTH C.R. 427
UNIT 124
LONGWOOD FL 32750

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 PS
NAME KREWSON, CHERYL
STREET ADDRESS 154 SHADOW TRAIL
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE VT
NAME KREWSON, HAROLD
STREET ADDRESS 154 SHADOW TRAIL
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
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TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Krewson

4/6/01

Date

407-432-5110

Daytime Phone #

CR2E034 (10/00)