

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90073 034 ***150.00

0446580 AV

DOCUMENT # J41796

1. Entity Name

WAVE LENGTHS HAIR STUDIO, INC.

Principal Place of Business

**14953 GULF BLVD.
 MADEIRA BCH. FL 33708
 US**

Mailing Address

**14953 GULF BLVD.
 MADEIRA BCH. FL 33708
 US**



2. Principal Place of Business

3. Mailing Address

Suite/Apt./# etc.

Suite/Apt./# etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2877282**

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

7. Name and Address of New Registered Agent

**PINIEWSKI-TAYLOR, JILL
 2215 W VINA DEL MAR BLVD
 ST. PETERSBURG BCH FL 33706**

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, 2002 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
 NAME **P**
 STREET ADDRESS **PINIEWSKI-TAYLOR, JILL**
 CITY-ST-ZIP **2215 DW VINN DELMAR BLVD
 ST.PETERSBURG FL** ☐ Delete

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

TITLE
 NAME **V**
 STREET ADDRESS **PINIEWSKI, JOANNE**
 CITY-ST-ZIP **310 JULIA C.S.
 ST.PETERSBURG BCH. FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS ☐ Change ☐ Addition
 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:

Jill P. Taylor **Jill P. Taylor**

Date

Daytime Phone #

3/26/02 **727-394-394-7008**

CR2E034 (9/01)