

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J51194

1. Entity Name

Resort Hair Inc

Principal Place of Business

13435 Starfish Dr  
Hudson FL 34667

Mailing Address

13435 Starfish Dr  
Hudson, FL 34667

2. Principal Place of Business

13435 Starfish Dr  
Suite, Apt. #, etc.

3. Mailing Address

13435 Starfish Dr  
Suite, Apt. #, etc.

City & State

Hudson FL

Zip

34667

Country

U.S.A.

City & State

Hudson, FL

Zip

34667

Country

U.S.A.

FILED  
Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90110 047 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0030873

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROXANNE BRACEWELL  
13435 Starfish Dr  
Hudson FL 34667

7. Name and Address of New Registered Agent

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

4/17/00

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, 2000 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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PRESIDENT                   | <input type="checkbox"/> Delete            |
| NAME           | ROXANNE BRACEWELL           |  |
| STREET ADDRESS | 13435 Starfish Dr Hudson FL | 34667                                      |
| CITY-ST-ZIP    |                             |  |
| TITLE          | VICE PRESIDENT              | <input type="checkbox"/> Delete            |
| NAME           | ROXANNE BRACEWELL           |  |
| STREET ADDRESS | 13435 Starfish Dr Hudson FL | 34667                                      |
| CITY-ST-ZIP    |                             |  |
| TITLE          | Secretary                   | <input checked="" type="checkbox"/> Delete |
| NAME           | Michael Bracewell           |  |
| STREET ADDRESS | 13435 Starfish Dr Hudson FL | 34667                                      |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |  |
|----------------|-------------------|--|
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          | SECRETARY         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROXANNE BRACEWELL |  |
| STREET ADDRESS | 13435 Starfish Dr |  |
| CITY-ST-ZIP    | Hudson FL 34667   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| 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

(727) 868-9885

967-3585 cell

4/17/2000

Date

Daytime Phone #

CR2E034 (9/99)