

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90039 037 ***150.00

DOCUMENT # J55931

1. Entity Name
HAIR TODAY - GONE TOMORROW, INC.

Principal Place of Business

% SALLY HUDSON
 16118 RAVENDALE DR
 TAMPA FL 33618

Mailing Address

% SALLY HUDSON
 16118 RAVENDALE DR
 TAMPA FL 33618

00012264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10903 N. Dale Mabry
 Suite, Apt. #, etc.

3. Mailing Address

3539 GRAND FORKS DR
 Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

LAND O' LAKES FL

4. FEI Number **59-2872377**

Applied For

☒ Not Applicable

Zip **33618**

Country **USA**

Zip **34639**

Country **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

HUDSON, SALLY
16118 RAVENDALE DR
TAMPA FL 33618

Name

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

3539 GRAND FORKS DR

City

LAND O' LAKES

FL

Zip Code

34639

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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **HUDSON, SALLY**
 CITY-ST-ZIP **14902 N FLORIDA AVE #E TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **SALLY HUDSON**
 STREET ADDRESS **3539 GRAND FORKS DRIVE**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **HOSNER, DENISE**
 CITY-ST-ZIP **3403 HYDE PARK DRIVE CLEARWATER FL 33761**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **BANKS, CAROL LEE**
 CITY-ST-ZIP **15928 FARRINGHAM TAMPA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

SALLY HUDSON

Date

1-15-01

Daytime Phone #

813 994-2110

CR2E034 (10/00)