

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56820

1. Entity Name

KIM & SOPHIE'S SALON OF BEAUTY, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90008 005 ***550.00

Principal Place of Business

808 SOUTHEAST 46TH LANE
SUITE 2
CAPE CORAL FL 33904

Mailing Address

808 SOUTHEAST 46TH LANE
SUITE 2
CAPE CORAL FL 33904

2. Principal Place of Business

8-A Del Prado Boulevard

Suite, Apt. #, etc.

Cape Coral, Florida 33990

City & State

3. Mailing Address

8-A Del Prado Boulevard

Suite, Apt. #, etc.

Cape Coral, Florida 33990

City & State

4. FEI Number

59-2774493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASSO, M. DANIEL
3624 DEL PRADO BLVD.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

M. Daniel Sasso

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

4223 Del Prado Boulevard

City

Cape Coral,

FL

Zip Code
33904

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME MARTIN, KIM
STREET ADDRESS 238 S.E. 21ST AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Delete
NAME SOPHIE VAUGHN
STREET ADDRESS 1722 BEACH PKWY B4
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Sophie Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

941-458-2223

Daytime Phone #

CR2E034 15/001