

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0470583 AV

**DOCUMENT # J78360**

1. Entity Name  
**THE RIGHT DIRECTION HAIR DESIGN, INC.**

02-21-2002 90048 018 \*\*\*150.00

Principal Place of Business

% ROBERT W. SHOE, JR.  
 4215 SOUTH FLORIDA AVE.  
 LAKELAND FL 33813

Mailing Address

% ROBERT W. SHOE, JR.  
 4215 SOUTH FLORIDA AVE.  
 LAKELAND FL 33813



2. Principal Place of Business

3. Mailing Address

**6627 LEMON TREE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**LAKELAND FLORIDA**

4. FEI Number **59-2793743**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33813**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SHOE, ROBERT W., JR.  
 4215 SOUTH FLORIDA AVE.  
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **ROBERT W. SHOE, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**6627 LEMON TREE DR**

City **LAKELAND**

FL

Zip Code **33813**

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

**2-1-02**

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 **D**  
 STREET ADDRESS **SHOE, ROBERT W. JR**  
 CITY-ST-ZIP **3036 BELLWOOD AVE.**  
**LAKELAND FL**

☐ Delete

TITLE  
 NAME **ROBERT W SHOE JR**  
 STREET ADDRESS **6627 LEMON TREE DR.**  
 CITY-ST-ZIP **LAKELAND FLORIDA 33813**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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

**2-1-02 863 221 9690**

Date

Daytime Phone #

CR2E034 (9/01)