

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26517

1. Entity Name
GIGI'S SALON PLUS, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90470 041 ***150.00

Principal Place of Business
2701 SW COLLEGE RD.
#303
OCALA FL 34474

Mailing Address
2701 SW COLLEGE RD.
#303
OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2899499**

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

KELLY, LINDA
2701 SW COLLEGE RD.
SUITE 303
OCALA FL 34474

Name **Lorraine Knighton**

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

14815 NW 100 Ave Rd

City **Reddick**

FL

Zip Code **32686**

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 Lorraine Knighton **Lorraine Knighton ST** **3-6-01**
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 **D**
STREET ADDRESS **KELLY, LINDA**
CITY-ST-ZIP **2791 SW COLLEGE ROAD SUITE #303**
OCALA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2701 SW College Rd Suite 303**
CITY-ST-ZIP **Ocala FL 34474**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNIGHTON, BERNICE**
CITY-ST-ZIP **P. O. BOX 792 N/A**
FAIRFIELD FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2701 SW College Rd Suite 303**
CITY-ST-ZIP **Ocala FL 34474**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **KNIGHTON, LORRAINE**
CITY-ST-ZIP **2701 SW COLLEGE ROAD #303**
OCALA FL 34474

TITLE ☒ Change ☐ Addition
NAME **KNIGHTON, LORRAINE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Lorraine Knighton **Lorraine Knighton** **3-6-01** **(352) 237-6440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)