

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90212 034 ***150.00

DOCUMENT # K48152

1. Entity Name

M W M HAIR, INC.

Principal Place of Business

**2141 MAIN ST.
 E
 DUNEDIN FL 34698
 US**

Mailing Address

**2141 MAIN ST.
 E
 DUNEDIN FL 34698
 US**

2. Principal Place of Business

3. Mailing Address

824 GASPARILLA DR. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERS BURG, FL 33702

Zip

Country

Zip

Country

33702

FLORIDA

4. FEI Number

59-2920655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAHONEY, MATTHEW
 2141 MAIN ST. E
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name
MATTHEW MAHONEY

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

824 GASPARILLA DR. N.E.


City
ST. PETERSBURG

FL

Zip Code

33702

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  **MATTHEW W. MAHONEY** **PRESIDENT**

3-26-01

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 **P** ☐ Delete
 NAME **MAHONEX, MATTHEW**
 STREET ADDRESS **2141 MAIN ST. E**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MATTHEW MAHONEY**
 STREET ADDRESS **824 GASPARILLA DR. N.E.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: 

PRESIDENT

3-26-01

727-738-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)