

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71353

1. Entity Name
HEAD TOE BEAUTY & BOUTIQUE, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 420 US HIGHWAY ONE N. PALM BCH. FL 33408	Mailing Address 420 US HIGHWAY ONE N. PALM BCH. FL 33408
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number **65-0101179** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GUIN, LYNN 11637 162ND PL N JUPITER FL 33478

7. Name and Address of New Registered Agent
Name Street Address (P.O. Box Number is Not Acceptable) City
FL Zip Code

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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D GUIN, LYNN 1022 RAINTREE DRIVE PALM BEACH GARDNERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lynn Guin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01 844-3445 (561)
Date Daytime Phone #

CR2E034 (10/00)