

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K75370**

1. Entity Name
EXECUTIVE HAIR STYLING, INC.

Principal Place of Business
**10464 ROOSEVELT BLVD
ST. PETERSBURG FL 33716**

Mailing Address
**10464 ROOSEVELT BLVD
ST. PETERSBURG FL 33716**

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 **59-2952530**

Applied For
Not Applicable

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

**SMITH, WALTER E. ESQUIRE
1301 FOURTH STREET NORTH
P O BOX 27
ST PETERSBURG FL 33731**

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. ☐ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MCMAHAN, DENNIS**
STREET ADDRESS **10464 ROOSEVELT BLVD**
CITY-ST-ZIP **ST PETE FL**

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

TITLE **STD** ☐ Delete
NAME **MCMAHAN, JANET SUE**
STREET ADDRESS **10464 ROOSEVELT BLVD**
CITY-ST-ZIP **ST PETE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature and Typed or Printed Name of Signing Officer or Director

7-6-00 727-576-2111
Date Daytime Phone #

APPROVED
AND
FILED

Pg 1 of 2

00 JUL 14 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/27/00 90003 003-15000



DO NOT WRITE IN THIS SPACE

11/14/00

McMAHAN & CO.
Hair Design
10464 Roosevelt Blvd
St. Petersburg, FL 33716

7-6-00
Pg. 2 of 2

Doc # K75370

EXECUTIVE HAIR STYLING, INC.

Michelle Milligan

Due to our phone conversation on
the 6th of July, you informed me to
submit a letter stating my first UBR
was not received in the mail. So I am
requesting to waive the penalty fee for being
late. I did send in a copy of the UBR
Form with a check of \$150.00. Please check
my past years of paying on time.

Thank you for your
understanding.

Dennis W. McMahon