

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90429 013 ***158.75

1. Entity Name
POWELL'S BEAUTY ACADEMY, INC.

04-30-2001 90429 013 ***158.75

Mailing Address

C/O KAREN SHIELDS
1222 NE 14TH ST.
GAINESVILLE FL 32601-4649

LUUCCZ88

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number **59-2950124**

Applied For
No: 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

SHIELDS, KAREN
1222 NE 14TH ST.
GAINESVILLE FL 32601

Name _____

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

City

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 applicable.

(Not a Registered Agent signature required when "installing")

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

T.T. F	PST	<input type="checkbox"/> Delete
NAME	SHIELDS, KAREN	
STREET ADDRESS	1222 NE 14TH ST.	
CITY-STATE-ZIP	GAINESVILLE FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY STATE ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	<input type="text"/>	<input type="button" value="Delete"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY-ST-ZIP	<input type="text"/>	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME		
STREET ADDRESS		
CITY - STATE - ZIP		

TITLE	<input type="checkbox"/> De.cle
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Karen M. Shields Pres. (KAREN M. SHIELDS) 4/22/01 (352) 328-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAES. Date Daytime Phone #

CB2F034 (10/00)