

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90094 001 ***150.00
 04-20-2001 90094 002 *****8.75

DOCUMENT #

1. Entity Name

Cape Coral Beauty School

Principal Place of Business

Mailing Address

*1214 S.E. 47th St.
 Cape Coral, FL. 33904*

2. Principal Place of Business

1214 S.E. 47th St. 33904

Suite, Apt. #, etc.

3. Mailing Address

1214 S.E. 47th St. 33904

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

City & State

Cape

Zip

33904

Country

Lee

Zip

33904

Country

Lee

4. FE Number

650129160

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

*Keith Millard
 1214 S.E. 47th St.
 Cape Coral, FL. 33904*

7. Name and Address of New Registered Agent

Name *Helene M. Fields*
 Street Address (P.O. Box Number is Not Acceptable)
1214 S.E. 47th St.
 City *Cape Coral* FL Zip Code *33904*

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

Helene M. Fields

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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

TITLE *Pres.* ☐ Delete
 NAME *Keith Millard*
 STREET ADDRESS *1214 S.E. 47th St.*
 CITY-ST-ZIP *Cape Coral, FL. 33904*

TITLE *P.E.D.* ☐ Delete
 NAME *Helene M. Fields*
 STREET ADDRESS *1214 S.E. 47th St.*
 CITY-ST-ZIP *Cape Coral, FL. 33904*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 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:

Helene M. Fields *Helene M. Fields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

(941) 548-1819

Daytime Phone #

CR2E034 (11/00)