

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # L13132**1. Entity Name
FLORIDA HAIR CARE, INC.

Principal Place of Business

13799 PARK BLVD.
#307
SEMINOLE
33776
US

FL

Mailing Address

13799 PARK BLVD.
#307
SEMINOLE
33776
US

FL

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

59-2972731

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WULFF DOUGLAS
17900 GULF BLVD
SUITE 16-B
REDINGTON SHORES
33708
US

FL

7. Name and Address of New Registered Agent

Name

WULFF DOUGLAS

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

17900 GULF BLVD

16B

City
REDINGTON SHORES

FL

Zip Code
33708

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 _____ 04/23/2001

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	D	<input type="checkbox"/> Delete
NAME	WULFF DEBRA A	
STREET ADDRESS	127994 FIONA RD N	
CITY-ST-ZIP	HUGO MN 55038	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	WULFF, DIANNE J.	
STREET ADDRESS	17900 GULF BLVD 16B	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	WULFF, DOUGLAS O.	
STREET ADDRESS	17900 GULF BLVD 16B	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF DEBRA A	
STREET ADDRESS	12994 FIONA RD N	
CITY-ST-ZIP	HUGO MN 55038	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF DIANNE J	
STREET ADDRESS	17900 GULF BLVD 16B	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF DOUGLAS O	
STREET ADDRESS	17900 GULF BLVD #16B	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: DOUGLAS O. WULFF

DPT

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)