

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53929

1. Entity Name

CONTEMPO HAIR, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90123 028 ***150.00

Principal Place of Business

Mailing Address

1263 N KINGSWAY ROAD
BRANDON FL 33510
US

1263 N. KINGSWAY ROAD
BRANDON FL 33510-2507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3005839**

Applied For
Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHA HURVITZ
2317 CHERRY RIDGE LN
BRANDON FL 33511

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 \$150.00
After MAY 1, 2000 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 **DV** ☐ Delete
NAME **RODGERS, ANNA**
STREET ADDRESS **2813 SEFFNER VALRICO RD.**
CITY-ST-ZIP **SEFFNER FL**

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

TITLE **DST** ☐ Delete
NAME **HURVITZ, MARSHA**
STREET ADDRESS **2317 CHERRY RIDGE LANE**
CITY-ST-ZIP **BRANDON FL**

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

TITLE **DP** ☐ Delete
NAME **SANDRA LAMBERT**
STREET ADDRESS **902 WINCHESTER LN**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Change ☐ Addition
NAME **Sandra Lambert**
STREET ADDRESS **4018 Valrico Grove Dr.**
CITY-ST-ZIP **Valrico 33594 FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Delete
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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:

Marsha Hurvitz **MARSHA HURVITZ** 4/22/2000 813-651-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #