

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90220 040 ***150.00

DOCUMENT # L86684

1. Entity Name
SIGGI'S HAIRSTYLING INC.



Principal Place of Business
**619 - 8TH ST.. S.
NAPLES FL 34102
US**

Mailing Address
**619 - 8TH ST.. S
NAPLES FL 33940
US**



2. Principal Place of Business
619 8th Str. South

3. Mailing Address
660 9th Str. North

Suite, Apt. #, etc.
Suite #2

Suite, Apt. #, etc.
Suite #2

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **65-0202565**

Applied For
Not Applicable

Zip
34102

Country
Collier

Zip
34102

Country
Collier

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

**GUDRUM, NIKEL
350 5TH AVE S #200
NAPLES FL 34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MEIER-DENEKE, SIGRID
619 8TH ST. SOUTH
NAPLES FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
DENEKE, MEINHARD
619 8TH ST. SOUTH
NAPLES FL** ☐ Delete

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

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CITY-ST-ZIP
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **W. G. Deneke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.04.03 2:9.2630060

Date Daytime Phone #

CR2E034 (10/02)