

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013714 AF

DOCUMENT # L96000000613

1. Entity Name  
HAIR CUTTERY OF NORTH FLORIDA, L.C.

00 MAR 27 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2815 HARTLAND ROAD  
FALLS CHURCH VA 22043

Mailing Address  
2815 HARTLAND ROAD  
FALLS CHURCH VA 22043-3548



*mf416*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1807879

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 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

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MEM SCOTO, INC. ☐ Delete  
STREET ADDRESS 5150 BRIDLEWOOD COURT  
CITY - ST - ZIP PONTE VEDRA BEACH FL 32082

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

TITLE NAME MEM DIMPLES, INC. ☐ Delete  
STREET ADDRESS 2815 HARTLAND ROAD  
CITY - ST - ZIP FALLS CHURCH VA 22043

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003203564--0  
CITY - ST - ZIP -04/11/00--01071--022

TITLE NAME MEM CREATIVE HAIRDRESSERS, INC. ☐ Delete  
STREET ADDRESS 2815 HARTLAND ROAD  
CITY - ST - ZIP FALLS CHURCH VA 22043

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*Change 50.00  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-3-00

78-698-7090

CR2E083 (9/99)