

UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # 1100000006231

1. Entity Name

Uthissa Hair Design School Inc.

Principal Place of Business

4617 Brentwood Ave
JAX, FL 32206

Mailing Address

4617 Brentwood Ave
JAX, FL 32206

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 27 AM 11:31

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01/10/02 0107 019 \$61.25

4. FEI Number

31-1757564

Applied For

Not Applicable

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

CLARENCE Council SR
2554 VERNON ST
JAX, FL 32209

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President
NAME: CLARENCE Council SR
STREET ADDRESS: 2554 VERNON ST
CITY-ST-ZIP: JAX, FL 32209 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 100004765431--3
STREET ADDRESS: -01/10/02--01071--019
CITY-ST-ZIP: *****61.25 *****61.25

TITLE: Secretary
NAME: Deloris Ann Council
STREET ADDRESS: 2554 VERNON ST
CITY-ST-ZIP: JAX, FL 32209 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 700005253497--4
STREET ADDRESS: -04/11/02--01042--003
CITY-ST-ZIP: *****61.25 *****61.25

TITLE: D-Vice-President
NAME: DARNLYN Council
STREET ADDRESS: 2554 VERNON ST
CITY-ST-ZIP: JAX, FL 32209 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****61.25 *****61.25

TITLE: D-Treasurer
NAME: TAMEKA N. Council
STREET ADDRESS: 2554 VERNON ST
CITY-ST-ZIP: JAX, FL 32209 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****61.25 *****61.25

TITLE: D-Director
NAME: LOUIS C. PARKER
STREET ADDRESS: 2022 BROOKLYN RD
CITY-ST-ZIP: JAX, FL 32209 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****61.25 *****61.25

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****61.25 *****61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****61.25 *****61.25

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-01

Date

Daytime Phone #

904-354-8580

CR2E037 (11/00)



2 of 3

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 10, 2001

ULTISSMA HAIR DESIGN SCHOOL, INC.
4617 BRENTWOOD AVENUE
JACKSONVILLE, FL 32206

SUBJECT: ULTISSMA HAIR DESIGN SCHOOL, INC.
Ref. Number: N00000006231

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your letter stating you previously submitted the payment and received no response. Our records indicate we returned the check on February 21, 2001 because we did not receive a completed report.

Please note that an additional \$61.25 must be submitted to cover the filing fee for the year 2002 if your reinstatement is not returned prior to January 1, 2002.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 301A00064885

To whom it may concern, I Clarence Cornish Sr. previously submitted the payment and received no response. I tried on several occasions to call 1-850-245-6059 and was connected with some other network.

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ULTISSMA HAIR DESIGN SCHOOL, INC.

To Whom it may Concern:

Ultissima Hair Design School Inc.
Submitted a check before the dead-
line expired, \$61.25 and we did not
received a response.

I'm asking that my reinstatement fees
be Waive, I was inform that they
return my information to 4416 Brent-
wood ave. My address is 4617 Brent-
wood ave.

Yours Truly
Clarence Council Sr
President