

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000024122**

1. Entity Name

WELTHY'S PREMIER SALON, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90102 026 ***150.00

Principal Place of Business

Mailing Address

**2508 GEORGE WHEELER RD.
LAKELAND FL 33810****2508 GEORGE WHEELER RD.
LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

2388 GRIFFIN ROAD**2388 GRIFFIN ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3625460

Applied For

Not Applicable

Zip

33810

Country

POLK

Zip

33810

Country

POLK5. 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

**HERNDON, RANDALL L
6622 SOUTHPOINT DR. SOUTH, STE. 495
JACKSONVILLE FL 32216**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CHILDS, WELTHY	2508 GEORGE WHEELER RD. LAKELAND FL 33810	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	CHILDS, MICHAEL E JR.	2508 GEORGE WHEELER RD. LAKELAND FL 33810	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BUTTS, KAREN L	2502 GEORGE WHEELER RD. LAKELAND FL 33810	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BUTTS, JAMES E JR.	2502 GEORGE WHEELER RD. LAKELAND FL 33810	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HERNDON, RANDALL L	P.O. BOX 550507 JACKSONVILLE FL 32255-0507	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)