

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90322 001 \*\*\*150.00

**DOCUMENT # P00000026537**

1. Entity Name

HIGH MAINTENANCE SALON, INC.

Principal Place of Business

Mailing Address

1964 KINDLING CT.  
 CASSELBERRY FL 32707

1964 KINDLING CT.  
 CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-3634282

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

PRATT, JAMES R  
 369 N. NEW YORK AVE., 3RD FL.  
 WINTER PARK FL 32789

Name

WILLIAM A HARDESTY  
 Street Address (P.O. Box Number is Not Acceptable)

City MATLAND

FL

Zip Code 32751

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

*William A Hardesty*  
 Signature, typed or printed name of registered agent and title if applicable.

WILLIAM A. HARDESTY VP

4-10-01

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARDESTY, DONALD L	
STREET ADDRESS	1964 KINDLING CT.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDESTY, AMY J	
STREET ADDRESS	1964 KINDLING CT.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WILLIAM A HARDESTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	606 FAITH TER	
STREET ADDRESS	MATLAND FL 32751	
CITY-ST-ZIP		
TITLE	LARSSA C HARDESTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	606 FAITH TER	
STREET ADDRESS	MATLAND FL 32751	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William A Hardesty* WILLIAM HARDESTY VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001

407-310-4982

Date

Daytime Phone #

CR2034 (10/00)