

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0072180 AV

DOCUMENT # P00000036905

1. Entity Name

KARLA'S TOTAL BEAUTY, INC.

FILED

01 JUL 12 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1950 S. CONGRESS AVENUE WEST PALM BEACH FL 33406	Mailing Address 1950 S. CONGRESS AVENUE WEST PALM BEACH FL 33406
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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 65-1009250	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MANSFIELD, KARLA KAYE  
4258 PALM AVENUE  
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PV MANSFIELD, KARLA KAYE 4258 PALM AVENUE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGLINCHEY, WENDY KAY 3703 WATERVIEW CIRCLE PALM SPRINGS FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004434444-1 07/24/01 01101 028 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wendy McGlinchey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-03-01 (561)968-2882  
Date Daytime Phone #

CR2E034 (5/01)

Attachment

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TO WHOM IT MAY CONCERN: # P000 00036905

KARLA'S TOTAL BEAUTY, INC. FILED A UNIFORM BUSINESS REPORT IN MARCH OF 2001. AS A NEW CORPORATION WE WERE UNAWARE OF THE NEED TO SEND THE REPORT BY CERTIFIED MAIL. ALSO THE INSTRUCTIONS DO NOT INFORM THE CORPORATION TO CALL AND CHECK THAT THE INFORMATION WAS RECEIVED.

IN OUR ERROR WE SENT THE REPORT BY REGULAR MAIL AND WE SENT A MONEY-ORDER. SINCE WE HAVE NO OTHER WAY TO TRACK OUR INFORMATION, ALL FUTURE CORRESPONDENCE WILL BE SENT VIA A REGISTERED SERVICE.

PLEASE WAIVE THE LATE FEE SINCE WE SENT IN THE REPORT ON TIME. WE APPRECIATE YOUR HELP IN THIS MATTER.

ALSO, IT MIGHT BE HELPFUL IF YOUR FUTURE INSTRUCTION SHEETS INCLUDE A REMINDER TO CALL OR SEND RETURN RECEIPT.

THANK YOU,

Wendy McInerney

SECRETARY, TREASURER