

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038463

1. Entity Name

MUSTANG SALLY'S, INC.

Principal Place of Business

8655 PINES BLVD.  
PEMBROKE PINES FL 33024

Mailing Address

8655 PINES BLVD.  
PEMBROKE PINES FL 33024

2. Principal Place of Business

10021 Pines Blvd

Suite, Apt. #, etc.

#202

3. Mailing Address

10021 Pines Blvd

Suite, Apt. #, etc.

#202

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

Zip

33024

Country

4. FEI Number

65-0999096

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A  
4925 SHERIDAN STREET SUITE A  
HOLLYWOOD FL 33021

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

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 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	CARROLL, JAMES S	
STREET ADDRESS	8655 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, WILLIAM C	
STREET ADDRESS	8655 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILES, JANET L	
STREET ADDRESS	8655 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, RALPH S	
STREET ADDRESS	8655 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEASTER, EDWARD	
STREET ADDRESS	8655 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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	10021 Pines Blvd #202	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10021 Pines Blvd #202	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10021 Pines Blvd #202	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10021 Pines Blvd #202	
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:

JANET L GILES

4-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90014 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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