

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90006 001 \*\*\*150.00

0012312 AV

**DOCUMENT # P00000040024**

1. Entity Name  
**IN & OUT UNISEX SALON, INCORPORATED**

*(Handwritten initials)*

Principal Place of Business  
**2387 W. CHURCH ST.**  
**ORLANDO FL 32805**

Mailing Address  
**2387 W. CHURCH ST.**  
**ORLANDO FL 32805**

*UP 18450*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2387 W. Church St**  
 Suite, Apt. #, etc.  
**#-3**

3. Mailing Address  
**2387 W. Church St.**  
 Suite, Apt. #, etc.  
**#-3**

City & State  
**Orlando FL**  
 Zip  
**32805**

City & State  
**Orlando FL**  
 Zip  
**32805**

4. FEI Number  
**59-3638374**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THORNTON, SHIWILA W**  
**1005 HAMLET DR.**  
**MAITLAND FL 32751**

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 *Shiwila W. Thornton* *Shiwila W. Thornton* **8-12-01**  
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.   
**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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>SHIWILA W. THORNTON</b><br><b>2387 W. Church St</b><br><b>ORLANDO, FL 32805</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President</b><br><b>CLARENCE L. THORNTON</b><br><b>2387 W. Church St</b><br><b>ORLANDO, FL 32805</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary</b><br><b>SHIWILA W. THORNTON</b><br><b>2387 W. Church St</b><br><b>ORLANDO, FL 32805</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>SHIWILA W. THORNTON</b><br><b>2387 W. Church St</b><br><b>ORLANDO, FL 32805</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: *SHIWILA W. THORNTON* **8-12-01** **407-234-5137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

*Waabmu*  
# P00000040024  
978450

IN&OUT UNISEX SALON INC.

2387 W Church St.

Orlando, Fl 32805

Sept 10, 2001

To DIVISION OF CORPORATIONS:

From IN&OUT UNISEX SALON INC.

We as a Corporation do apologize for the delay in response but we just received our Corporation Packed last month Aug and when I seen that it said that we were late I called on 8-5-01 and the customer service agent said to send in a letter explaining what happen and \$150:00 check along with the 2001 UNIFORM BUSINESS REPORT.

Sorry for any Inconvenience.

Sincerely,

Shiwila M THORNTON

Owner

If you have any questions, please call 407-291-9500.

