

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90036 038 \*\*\*150.00

**DOCUMENT # P00000047903**

1. Entity Name

**SUNSTATE BEAUTY SUPPLY INC.**

Principal Place of Business

Mailing Address

~~540 N. HWY. 434, SUITE 538D~~  
**ALTAMONTE SPRINGS FL 32714**

~~540 N. HWY. 434, SUITE 538D~~  
**ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**801 WEST STATE ROAD 436**

3. Mailing Address

**801 WEST STATE ROAD 436**

Suite, Apt. #, etc.

**Suite 1023**

Suite, Apt. #, etc.

**Suite 1023**

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

6. Name and Address of Current Registered Agent

**HOWES, VICTOR D**

~~540 N. HWY. 434, SUITE 538D~~

~~ALTAMONTE SPRINGS FL 32714~~

Name

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

**801 WEST STATE ROAD 436, STE 1023**

City

**ALTAMONTE SPRINGS, FL**

Zip Code

**32714**

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

*Donna M. Howes (vice-pres)*  
 Signature, typed or printed name of registered agent and title if applicable.

*Donna Howes*  
 (NOTE: Registered Agent signature required when reinstating)

*1-15-02*  
 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, 2002 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 **PTD** ☐ Delete  
 NAME **HOWES, VICTOR D**  
 STREET ADDRESS ~~540 N. HWY 434, SUITE 538D~~  
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

TITLE **VPSD** ☐ Delete  
 NAME **HOWES, DONNA**  
 STREET ADDRESS ~~540 N. HWY 434, SUITE 538D~~  
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **801 WEST STATE ROAD 436, SUITE 1023**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **801 WEST STATE ROAD 436, SUITE 1023**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Donna M. Howes (vice-pres)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)