

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

U. 2002 1A

**DOCUMENT # P00000047903**

1. Entity Name  
**SUNSTATE BEAUTY SUPPLY INC.**

Principal Place of Business <del>540 N. HWY. 434, SUITE 538D</del> <b>ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <del>540 N. HWY. 434, SUITE 538D</del> <b>ALTAMONTE SPRINGS FL 32714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>801 WEST STATE ROAD 436</b> Suite, Apt. #, etc. <b>Suite 1023</b> City & State <b>ALTAMONTE SPRINGS, FL</b>	3. Mailing Address <b>801 WEST STATE ROAD 436</b> Suite, Apt. #, etc. <b>Suite 1023</b> City & State <b>ALTAMONTE SPRINGS, FL</b>
Zip <b>32714</b> Country <b>USA</b>	Zip <b>32714</b> Country <b>USA</b>

4. FEI Number <b>59-3650176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Victor D. Howes (inc. pres)* *Donna Howes* 1-15-02  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HOWES, VICTOR D <del>540 N. HWY 434, SUITE 538D</del> <del>ALTAMONTE SPRINGS FL 32714</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HOWES, DONNA <del>540 N. HWY 434, SUITE 538D</del> <del>ALTAMONTE SPRINGS FL 32714</del>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 WEST STATE ROAD 436, SUITE 1023 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 WEST STATE ROAD 436, SUITE 1023 ALTAMONTE SPRINGS, FL 32714
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: *Donna Howes* 1-15-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)