

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90027 049 ***150.00

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DOCUMENT # P00000057613

1. Entity Name
ESMERALDA HAIR STYLIST & COMPANY, INC.

Principal Place of Business
116 CLOWSON COURT
OCOE FL 34761

Mailing Address
116 CLOWSON COURT
OCOE FL 34761

2. Principal Place of Business
4037 W OAKRIDGE RD

3. Mailing Address
4037 W OAKRIDGE RD

Suite, Apt. #, etc.

City & State
Deltona, Florida

City & State
Deltona, Florida

Zip
32809

Country

4. FEI Number
59-3652643

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRUJILLO, MARIA B
116 CLOWSON COURT
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
Trujillo, Maria B

Street Address (P.O. Box Number is Not Acceptable)
4037 W OAKRIDGE RD

City
Deltona Florida

FL Zip Code
32809

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 *Maria B Trujillo* **7/17/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, MARIA B 116 CLOWSON COURT OCOE FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Trujillo, Maria B 4037 W OAKRIDGE RD Deltona, Florida 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONCE, ELIZABETH 4591 EAGLET LANE KISSIMEE FL 34730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Olga Ponce 4037 W OAKRIDGE RD Deltona, Florida 32809
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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: *Maria B Trujillo* **7/17/01** **407-354-5745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)