

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

08-29-2001 90017 043 ***550.00

DOCUMENT # P00000067849			
1. Entity Name LARRY'S SALON, INC.			
Principal Place of Business 3004 NORTH 9TH AVENUE PENSACOLA FL 32503		Mailing Address 3004 NORTH 9TH AVENUE PENSACOLA FL 32503	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3658696		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STURGEN, WILLIAM M JR. 2253 COUNTRY PLACE CIRCLE PENSACOLA FL 32534-8501		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 ☐ Delete	D LORIA, LARRY M 4205 BURTONWOOD DRIVE PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☒ Delete	D LORIA, LISA 4205 BURTONWOOD DRIVE PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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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: **SIGNATURE REQUIRED** 7-16-01 438-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (5/01)