

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90168 034 ***150.00

DOCUMENT # P00000073710

1. Entity Name

VIC & TORIA'S SECRETS 2 HAIR DESIGN, INC.

Principal Place of Business

P O BOX 390
TERRA CEIA FL 34250

Mailing Address

P O BOX 390
TERRA CEIA FL 34250

2. Principal Place of Business

806 6th St W

Suite, Apt. #, etc.

3. Mailing Address

806 6th St W

Suite, Apt. #, etc.

City & State

Palmetto FL

Zip

34221

Country

Manatee

City & State

Palmetto FL

Zip

34221

Country

Manatee

4. FEI Number

05-1029433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLS, VICKIE E
903 BAYSHORE DR
TERRA CEIA FL 34250

7. Name and Address of New Registered Agent

Name

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

806 6th St W

City

Palmetto

FL

Zip Code

34221

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

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, 2001 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 SMALLS, VICKIE E
STREET ADDRESS P O BOX 390
CITY-ST-ZIP TERRA CEIA FL 34250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 806 6th St W
CITY-ST-ZIP Palmetto FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *Vickie Smalls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vickie Smalls

Date 1/22/01

Daytime Phone # 941-729-4822

CR2E034 (10/00)