

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90734 007 ***150.00

DOCUMENT # P00000104435

1. Entity Name

CENTRAL FLORIDA BARBER SCHOOL, INC.

Principal Place of Business

**1144 N.E. 16TH AVE
GAINESVILLE FL 32601**

Mailing Address

**1144 N.E. 16TH AVE
GAINESVILLE FL 32601**

2. Principal Place of Business

1205 NW 23rd AVE.
Suite, Apt. #, etc.

3. Mailing Address

1205 NW 23rd AVE.
Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32609

Country

USA

Zip

32609

Country

USA

4. FEI Number

59-3699713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BJORK, ETHEL M
3124 BEACH BLVD
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **P/D BOWEN, ROBERT H**
STREET ADDRESS **4111 N.W 21ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME **V/TD BOWEN, MARGARET A**
STREET ADDRESS **4111 N.W 21ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME **D BJORK, ETHEL M**
STREET ADDRESS **250 SPRINGS FOREST AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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
CITY-ST-ZIP

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

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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: **Margaret Bowen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-02

Date

352-378-9484

Daytime Phone #

CR2E034 (9/01)