

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90036 032 \*\*\*150.00

DOCUMENT # P00000110307

1. Entity Name

STYLE COUNSEL HAIR STUDIO INC.

Principal Place of Business

2281 MAIN STREET  
 FT MYERS FL 33901

Mailing Address

2281 MAIN STREET  
 FT MYERS FL 33901

769877

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1071795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LISA BRENNAN  
 2281 MAIN STREET  
 FT MYERS FL 33901

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]* SECRETARY TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	PAMELA B. NOLLAR	
STREET ADDRESS	2658 MICHIGAN AVE	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	BRENDA L. NEUKIRCH	
STREET ADDRESS	1626 AVALON PLACE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Delete
NAME	LISA A. BRENNAN	
STREET ADDRESS	2281 MAIN STREET	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* SECRETARY TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

941-332-2345

Daytime Phone

CR2E034 (11/00)