

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006085

1. Entity Name

DINO'S HAIR & CO., INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-27-2002 90267 012 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3210 N WICKHAM RD. STE 5
MELBOURNE FL 32935

Mailing Address
3210 N WICKHAM RD. STE 5
MELBOURNE FL 32935

2. Principal Place of Business
6300 N WICKHAM RD

3. Mailing Address
718 GREENWAY LANE

Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
59-3693090

Applied For
Not Applicable

Zip
32940

Country
US

Zip
32940

Country

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

6. Name and Address of Current Registered Agent

VACCA, JOSEPH
3210 N WICKHAM RD, STE 5
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
JOSEPH VACCA
Street Address (P.O. Box Number is Not Acceptable)
6300 N WICKHAM RD. SUITE 120
City
MELBOURNE FL. FL Zip Code
32946

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	JOSEPH VACCA	718 GREENWAY LANE	MELBOURNE, FL 32940		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/02

321-258-4464

CR2E034 (9/01)