

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 042 ***150.00

DOCUMENT # **P01000006147**

1. Entity Name

Michael's Hair & Nails, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4001 Columbia Street

3. Mailing Address

P.O. BOX 940822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, FL

City & State

Maitland, FL

Zip

Country

32811

USA

Zip

Country

32794

USA

4. FEI Number

59-3694970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cathleen B. Reese

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

4001 Columbia Street

Suite 300

City

Orlando

Zip Code

32811

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

CB Reese, Cathleen B. Reese, Secretary

4/29/02

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) ☐

Amended UBR is \$81.25
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
NAME	Michael L. Reese
STREET ADDRESS	P.O. Box 940822
CITY- ST- ZIP	Maitland, FL 32794
TITLE	Secretary
NAME	Cathleen B. Reese
STREET ADDRESS	P.O. Box 940822
CITY- ST- ZIP	Maitland, FL 32794
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CB Reese, Cathleen B. Reese

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #