

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 002 ***150.00

DOCUMENT # P01060015147 ✓

1. Entity Name

HAIR BY KATHI CLEMONS, INC.

DO NOT WRITE IN THIS SPACE

B0093049

2. Principal Place of Business

CAPELLI HAIR SALON

Suite, Apt. #, etc.

10092-6 SAN JOSE BLVD

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

3. Mailing Address

202 LAGUNA VILLAS BLVD

Suite, Apt. #, etc.

B12

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

4. FEI Number

59-3717597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KATHI CLEMONS

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

202 LAGUNA VILLAS BLVD B12

City

JACKSONVILLE

FL

Zip Code

32250

**DO NOT WRITE
IN THIS SPACE**

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

Kathi Clemons

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D/P/O
NAME KATHI CLEMONS
STREET ADDRESS 202 LAGUNA VILLAS BLVD B12
CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250

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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:

Kathi Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

DATE

904-631-4358

Daytime Phone #

CR2E034B (12/01)