

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90026 014 ***150.00

DOCUMENT # P01000016118

1. Entity Name
PERFECT COLORING, INC.

Principal Place of Business

5405 DIPLOMAT CIRCLE SUITE 201
 ORLANDO FL 32810

Mailing Address

5405 DIPLOMAT CIRCLE SUITE 201
 ORLANDO FL 32810

2. Principal Place of Business

216 CELEBRATION

3. Mailing Address

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

City & State

4. FEI Number

593701030

Applied For

Not Applicable

Zip

34747

Country

OSCEOLA

Zip

Zip

Country

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERSAD, TEE ESQ

5405 DIPLOMAT CIRCLE SUITE 201
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name **CHRIS HENNING**

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

City **CELEBRATION**

FL

Zip Code **34747**

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 **Chris Henning**

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

(NOTE: Registered Agent signature required when reinstating)

1/30/02

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 **D.** ☐ Delete
 NAME **PERSAD, TEE ESQ**
 STREET ADDRESS **5405 DIPLOMAT CIRCLE SUITE 201**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **CHRIS HENNING** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **216 CELEBRATION BLVD**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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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 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: **Chris Henning**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 4075668400

Date

Daytime Phone #

CR2E034 (9/01)