

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 90070 017 ***150.00

0104303 AV

DOCUMENT # P01000028991

1. Entity Name

SONYA'S HAIR DESIGN OF ORLANDO, INC.

Principal Place of Business

**3666 BARONETT DR
ORLANDO, FL 32818**

Mailing Address

**3666 BARONETT DR
ORLANDO FL 32818**

2. Principal Place of Business

1122 OLYMPIC CT

Suite, Apt. #, etc.

3. Mailing Address

1122 OLYMPIC CT

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

4. FEI Number

52-2352723

Applied For

Not Applicable

Zip

32712

Country

ORANGE

Zip

32712

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JACKSON, SONYA
3666 BARONETT DR
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name

JACKSON, Sonya

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

1122 OLYMPIC CT

City

APOPKA

FL

Zip Code

32818

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

Sonya Jackson

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 | DP | <input type="checkbox"/> Delete |
| NAME | JACKSON, SONYA | |
| STREET ADDRESS | 3666 BARONETT DR | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, SONYA | |
| STREET ADDRESS | 1122 OLYMPIC CT | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| 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 | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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:

Sonya Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)