

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90026 048 ***150.00

DOCUMENT # P01000032682

1. Entity Name
ROY'S VIP HAIR CARE, INC.

Principal Place of Business

1325 BRUTON BLVD
 ORLANDO FL 32805

Mailing Address

1325 BRUTON BLVD
 ORLANDO FL 32805

2. Principal Place of Business

1325 Bruton Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Orlando, FL**

City & State

4. FEI Number **59-3708677**

Applied For
 Not Applicable

Zip **32805**

Country **ORANGE**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEW, ROY
1325 BRUTON BLVD
ORLANDO FL 32805

Name

Same

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rory D Matthews
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD MATTHEW, ROY**
 STREET ADDRESS **1325 BRUTON BLVD**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **N/A**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD MATTHEW, DEBRA**
 STREET ADDRESS **1325 BRUTON BLVD**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: RORY D MATTHEWS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P01000032682

8-11-02

I have enclosed \$150⁰⁰ for the UBR. I did not receive the first notice that was sent. If there is anything ~~else~~ I need to do please let me know.

Roy O. Matthew
President