

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90169 038 ***150.00

DOCUMENT # P01000035881

1. Entity Name
DESTINY LADY HAIR AND NAIL SALON, INC.



Principal Place of Business
**6428 COLONIAL DR.
ORLANDO FL 32818**

Mailing Address
**6428 COLONIAL DR.
ORLANDO FL 32818**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3708048**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIMS, RIVA F
2309 MOUNTAIN SPRUCE ST.
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name **Riva F. Tims**
Street Address (P.O. Box Number is Not Acceptable)
1550 BAYWATER COURT
City **HEATHROW** FL Zip Code **32746**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
☐ Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TIMS, RIVA**
STREET ADDRESS **6428 COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **OWNER** ☒ Change ☐ Addition
NAME **RIVA F. TIMS**
STREET ADDRESS **1550 BAYWATER CT**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-82 407-333-1687
Date Daytime Phone #

CR2E034 (10/02)