

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90207 023 ***150.00

DOCUMENT # P01000037525

1. Entity Name
HEADS UP BEAUTY SALON, INC.



Principal Place of Business
1425 KASS CIRCLE
SPRING HILL FL 34606

Mailing Address
1425 KASS CIRCLE
SPRING HILL FL 34606

2. Principal Place of Business

5344 Spring Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address

1399 Kass Circle
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill, FL

Zip
34606

Country
USA

City & State
Spring Hill, FL

Zip
34606

Country
USA

4. FEI Number
59-1930552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADJAN, LOUIS
1425 KASS CIRCLE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03
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

TITLE
D ☐ Delete
NAME
ADJAN, LOUIS
STREET ADDRESS
1425 KASS CIRCLE
CITY-ST-ZIP
SPRING HILL FL 34606

TITLE
D ☐ Delete
NAME
ADJAN, IRENE
STREET ADDRESS
1425 KASS CIRCLE
CITY-ST-ZIP
SPRING HILL FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Louis Adj* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

352 683 0320

Daytime Phone #

CR2E034 (10/02)