

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90011 024 ***158.75

DOCUMENT # P01000042065

1. Entity Name

SETTLES BEAUTY AND BARBER SUPPLIES, INC.

Principal Place of Business

**2526 S. MONROE ST., STE. G
TALLAHASSEE FL 32301**

Mailing Address

**2526 S. MONROE ST., STE. G
TALLAHASSEE FL 32301**

2. Principal Place of Business

**2526 S. MONROE ST
G**

3. Mailing Address

**6504 N. MERIDIAN RD
Suite, Apt. #, etc.**

City & State

TALLAHASSEE, FL

Zip

32301

Country

LEON

City & State

TALLAHASSEE, FL

Zip

32312

Country

LEON

4. FEI Number

75-3010533

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FOUTZ, LORNA

**2526 S. MONROE ST., STE. G
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

FOUTZ, LORNA

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

2526 S. MONROE ST., STE. G

TALLAHASSEE, FLORIDA

City

FL

Zip Code

32301

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

Lorna Foutz

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

Lorna Foutz

(NOTE: Registered Agent signature required when reinstating)

02-27-02

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	P	<input type="checkbox"/> Delete
NAME	SETTLES, YOLANDA F	
STREET ADDRESS	405 MERCURY DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOUTZ, WILLIAM SR	
STREET ADDRESS	6504 N. MERIDIAN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FOUTZ, LORNA	
STREET ADDRESS	6504 N. MERIDIAN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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	<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	
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:

Lorna Foutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-02

Date

850 668 3297

Daytime Phone #

CR2E034 (9/01)