

2/17/02
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FILED
May 12, 2002 8:00 am
Secretary of State

02-17-2002 90103 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067855

1. Entity Name
EAST LAKE HAIR SALON, INC.

Principal Place of Business Mailing Address

12621 LACEY DR 12621 LACEY DR
NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654
*East Lake Hair Salon
3438 E. Lake Rd. #18*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Palm Harbor, FL 34654



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-373-1997** Applied For Not Applicable

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

AYERS, NANCY
12621 LACEY DR
NEW PORT RICHEY FL 34654

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.

SIGNATURE *Nancy B. Ayers* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D			
AYERS, NANCY			
12621 LACEY DR			
NEW PORT RICHEY FL 34654			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SIGNATURE REQUIRED** *Nancy B. Ayers Pres. 4/22/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Business 727-785-7100
Home 727-856-0310*

CR2E03A (9/01)