

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90292 024 ***150.00

DOCUMENT # P01000082500

1. Entity Name
EASY WAVES STYLING SALON INC



Principal Place of Business
**220 CHENEY HWY
TITUSVILLE FL 32780**

Mailing Address
**220 CHENEY HWY
TITUSVILLE FL 32780**



2. Principal Place of Business

5173 S Washington Ave.

3. Mailing Address

5173 S Washington Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

59-3739328

Applied For

Not Applicable

Zip

Country

32780

Zip

Country

32780

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VENUTI, LOUIS
400 ORANGE ST
TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent

Name

Michelle E Roberts

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

6332 Bamboo Ave

City

Cocoa

FL

Zip Code

32927

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 **Michelle E Roberts**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-03
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROBERTS, MICHELLE E**
STREET ADDRESS **6332 BAMBOO AVE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Delete
NAME **ROBERTS, CHARLES A**
STREET ADDRESS **6332 BAMBOO AVE**
CITY-ST-ZIP **COCOA FL 32927**

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

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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:

Michelle E Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03
Date

Date

Daytime Phone #

CR2E034 (10/02)