

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90034 012 ***150.00

DOCUMENT # P01000095595

1. Entity Name
HERBAN STYLZ, INC.

Principal Place of Business
3280 COMMERCIAL WAY STE H
SPRING HILL FL 34606

Mailing Address
23 EAST TARPON AVE
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~3284 COMMERCIAL WAY~~
 Suite, Apt. #, etc.

12997 Cortez Blvd.
 City & State **Brooksville, FL**
SPRING HILL, FL 34606

3. Mailing Address **12997 Cortez**
~~3284 COMMERCIAL WAY~~ **BLVD.**
 Suite, Apt. #, etc.

City & State **Brooksville FL**
~~SPRING HILL, FL 34606~~

4. FEI Number
59-3746995

Applied For
 Not Applicable

Zip **34613** Country **US**
~~FL 34606~~

Zip **34613** Country **US**
~~FL 34606~~

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

6. Name and Address of Current Registered Agent

KUMIS, GEORGE N
23 EAST TARPON AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
DOLLOFF, BARBARA
 Street Address (P.O. Box Number is Not Acceptable)
3284 COMMERCIAL WAY
 City **SPRING HILL** **FL** Zip Code **34606**

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 *Barbara Dolloff*
 Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4-1-02

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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLLOFF, BARBARA	
STREET ADDRESS	3280 COMMERCIAL WAY STE H	
CITY-ST-ZIP	SPRING HILL FL 34606	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLOFF, BARBARA	
STREET ADDRESS	3284 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLOFF, THOMAS R.	
STREET ADDRESS	3284 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL, FL 34606	
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: *Barbara Dolloff* **REQUIRED** **BARBARA DOLLOFF**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4-1-02

CR2E034 (9/01)