

2002 UNIFORM BUSINESS REPORT (UBR)

0042874 AV

DOCUMENT # P01000097894

1. Entity Name
N'VISIONS INSTITUTE OF COSMETOLOGY INC.

FILED

02 APR 25 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2394 EDDIE RD.
TALLAHASSEE FL 32308

Mailing Address
2394 EDDIE RD.
TALLAHASSEE FL 32308

change both addresses

2. Principal Place of Business
1611 JAYDELL CIRDE

3. Mailing Address
1611 Jaydell Cirde

Suite, Apt. #, etc.
Unit E

Suite, Apt. #, etc.
Unit E

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32308

Country
USA

Zip
32308

Country
USA

4. FEI Number
80 0023846

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVERS, ALVA
296-3 CROSSWAY RD.
TALLAHASSEE FL 32310

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME GRISWELL, DARRYL
STREET ADDRESS 2394 EDDIE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME WHITE, EVANGELINE
STREET ADDRESS 1615 TRAILBLAZOR DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ Delete
NAME GRISWELL, DONALD
STREET ADDRESS 2394 EDDIE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME WHITE, CURTIS
STREET ADDRESS 1615 TRAILBLAZER DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400005418554--7
STREET ADDRESS -05/01/02--01080--028
CITY-ST-ZIP ****150.00 ****150.00

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

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

TITLE ☐ Change ☐ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02

CR2E034 (9/01)