

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90115 008 ***158.75

0008921 AV

DOCUMENT # P02000023963

1. Entity Name
LUCY'S HAIR DESIGN, INC.



Principal Place of Business
**372 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**

Mailing Address
**372 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**



2. Principal Place of Business

128 W. State Road 434

Suite, Apt. #, etc.

3. Mailing Address

128 W. State Road 434

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Springs, FL

Zip

32708

Country

USA

City & State

Winter Springs FL

Zip

32708

Country

USA

4. FEI Number

01-0625354

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASINCUP, ANA L
372 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *A. Lucia Masineup* **A. Lucia Masineup CEO** **9/3/03**
Signature, typed or printed name of registered agent and title if applicable. (None: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **CEO** ☐ Delete
NAME **MASINCUP, ANA L**
STREET ADDRESS **372 TWELVE OAKS DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **CFO** ☐ Delete
NAME **MASINCUP, WILLIAM E**
STREET ADDRESS **372 TWELVE OAKS DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Change ☐ Addition
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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: *A. Lucia Masineup* **A. Lucia Masineup** **9/3/03** **407-221-8583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment##

80144594
PO2600023963

Lucy's Hair Design, Inc.
128 W. SR 434
Winter Springs, FL 32708
3 September 2003

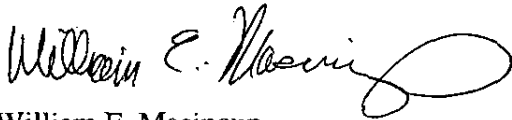
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

In accordance with the instructions for the 2003 For Profit Corporation Uniform Business Report, this letter is to inform you that Lucy's Hair Design, Inc. did not receive a notification prior to the late notification that the filing fee was due. For that reason, the enclosed check is in the amount of \$158.75 in anticipation of the waiver of the \$400.00 penalty.

If you have any questions, please do not hesitate to contact me at the address above or by phone at 407-221-8583.

Sincerely,



William E. Masincup
CFO