

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90056 016 \*\*\*150.00

<b>DOCUMENT #</b> P02000070551			
<b>1. Entity Name</b> ANNA'S BEAUTY SALON, INC.			
<b>Principal Place of Business</b> 1819 ALPINE COMMERCIAL CENTER NAVARRE FL 32566		<b>Mailing Address</b> 1882 JAMAICA STREET NAVARRE FL 32566	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>4. Name and Address of Current Registered Agent</b>  LYNCHARD, R. LANE 1807 ALHAMBRA STREET NAVARRE FL 32566		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, FAEGIN A 1882 JAMAICA STREET NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, MARCIANA V 1882 JAMAICA STREET NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>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.</b>			
<b>SIGNATURE:</b> <u>FAEGIN A. WILLIS</u> <i>FAEGIN A. WILLIS</i> <u>7-19-03</u> <u>850 2596935</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

**55053251**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 05-0522845 **Applied For** Not Applicable

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

CR2E034 (4/03)

Attachment

30 Jul 2003

55053251  
#PA2000070551

Attention: Annual Reports Section

Ref: Annual Report/Uniform Business Report

I received your letter stating that you received my annual ~~report~~/uniform business report along with my check in the amount of \$150.00. In addition to the check there was also attached a letter requesting that the late fee be waived due to the fact that Anna's Beauty Salon did not receive any notice via mail for the fee of \$150.00. I am again sending this correspondence in hope that the late fee can be waived.

  
Faegin A. Willis

PRESIDENT Anna's Beauty Salon