

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90163 005 ***150.00

DOCUMENT # P02000118082

1. Entity Name
C.J.R. HAIR, INC.



Principal Place of Business
3647 S. MANHATTAN AVE.
TAMPA, FL 33629

Mailing Address
3647 S. MANHATTAN AVE.
TAMPA, FL 33629

40026072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262006

Chg-P

CR2E034 (11/05)

4. FEI Number

16-1634088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRELJE, LORI
3647 S. MANHATTAN AVE.
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name REMIKER, LORI

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

3647 S. MANHATTAN AVE

City TAMPA

FL

Zip Code 33629

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

Lori A. Remiker *Lori A. Remiker* *3/2/06*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME XXXXXXXX
STREET ADDRESS BRELJE, LORI
CITY-ST-ZIP 3647 S. MANHATTAN AVE.
TAMPA, FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME REMIKER, LORI
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lori A. Remiker LORI A. REMIKER, PRESIDENT *3/2/06* ⁸¹³453-5173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #