

2000 UNIFORM BUSINESS REPORT (UBR)

3/17/2000 10:11:11 AM

DOCUMENT # P92000011499

1. Entity Name

SUPA VALU HAIR CARE CENTERS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

03-27-2000 90111 019 ***150.00

Principal Place of Business

6019 26TH ST W
BRADENTON FL 34207

Mailing Address

6019 26TH ST W
BRADENTON FL 34207-4402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0378312

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, ALAN RICHARD E
2255 GLADES RD
STE 226-A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Charles T. Ross, Jr.
Street Address (P.O. Box Number is Not Acceptable)
5823 26th St. W.
Bradenton, Florida
City FL 34207

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, 2000 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 | CD | <input type="checkbox"/> Delete |
| NAME | ROSS, HENRY H | |
| STREET ADDRESS | 3234 NW 28 WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | PST | <input type="checkbox"/> Delete |
| NAME | ROSS, TOBY | |
| STREET ADDRESS | 3234 NW 28TH WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | V- | <input type="checkbox"/> Delete |
| NAME | ROSS, DAVID | |
| STREET ADDRESS | 3234 NW 28TH WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| 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 | | <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 | | |
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| 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:

Henry H. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

941-755-5768

Daytime Phone #

CP2E034 (9/99)