

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008492

1. Entity Name

HAIR SCIENCE CO.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90014 011 ***150.00

Principal Place of Business

Mailing Address

1950 S. CONGRESS AVE.
WEST PALM BEACH FL 33406
US

110 PARK LANE EAST
LANTANA FL 33462-5402

710790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1950 S. Congress Ave

229 Gleneagles Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

Atlantis, FL

4. FEI Number

65-0399541

Applied For

Not Applied For

Zip
33406

Country

Zip
33462

Country

USA US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRES, MARIE L.
1950 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

Married name ->

Name

Stribling, Marie L.

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

1950 S. Congress Ave.

City

West Palm Beach FL

Zip Code

33406

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

Marie L. Stribling

x Marie L. Stribling

1/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERRES, MARIE L
110 PARK LANE EAST
LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Stribling, Marie L.
229 Gleneagles Dr.
Atlantis, FL 33462 ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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, changed, or on an attachment with an address, with another like empowered.

SIGNATURE: x

Marie L. Stribling President

(561) 968-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #