

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027549

1. Entity Name

NEW HAIRWAVE, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90307 046 ***150.00

1 4 3 1 0 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5150-18 TIMQUANA RD
JACKSONVILLE FL 32244
US

1046 CHANDLER OAKS DR
JACKSONVILLE FL 32221-1377
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3179547

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HADDOCK, REBA L
7549 KESTREL DR.
JACKSONVILLE FL 32244

Name

HADDOLK REBA L

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

1046 CHANDLER OAKS DR

City

JACKSONVILLE

FL

Zip Code

32221-1377

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 REBA L HADDOCK

NOT REQUIRED

4-15-01

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, 2001 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
DPS
HADDOCK, REBA L
1046 CHANDLER OAKS DR
JACKSONVILLE FL 32221-1377 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: REBA L. HADDOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01

Date

904-777-0611

Daytime Phone #

CR2E034 (10/00)