

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90017 002 ***150.00

DOCUMENT # P93000044335

1. Entity Name

ABSOLUTE HAIR DESIGN & TANNING, INC.

Principal Place of Business

ABSOLUTE HAIR DESIGNS
710 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

710 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

ABSOLUTE HAIR DESIGNS

3. Mailing Address

ABSOLUTE HAIR DESIGNS

Suite, Apt. #, etc.

710 E. Altamonte Dr.

Suite, Apt. #, etc.

710 E. Altamonte Dr.

City & State

Altamonte Springs Fla.

City & State

Altamonte Springs Fla.

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3191485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIGOTT, DARLENE JOAN
1018 SHERRYWOOD DR
FERN PARK FL 32730

Address Change

7. Name and Address of New Registered Agent

Name

Joan Darlene Pigott

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

199 Savannah park Loop

City

Cassleberry

FL

Zip Code

32779

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. 407-539-0598

SIGNATURE

Joan Darlene Pigott

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

TITLE **0** ☐ Delete
NAME **JOAN DARLENE PIGOTT**
STREET ADDRESS **1018 SHERRYWOOD ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL** *Address Change*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Joan Darlene Pigott* ☐ Change ☐ Addition
NAME *199 Savannah park Loop*
STREET ADDRESS *Cassleberry Fla*
CITY-ST-ZIP *32779*

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

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

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

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

TITLE ☐ Change ☐ 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:

Joan Darlene Pigott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2001

Date

Daytime Phone #

00405722

CR2E034 (10/00)