

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90491 001 ***150.00

DOCUMENT # P93000044335

1. Entity Name

ABSOLUTE HAIR DESIGN & TANNING, INC.



Principal Place of Business
ABSOLUTE HAIR DESIGNS
7800 U.S. 1792 SOUTH, SUITE 116
FERN PARK FL 32730
US

Mailing Address
ABSOLUTE HAIR DESIGNS
7800 U.S. 1792 SOUTH, SUITE 116
FERN PARK FL 32730
US

2. Principal Office Location
ABSOLUTE HAIR DESIGN
7800 US HWY 1792 S STE 116

Mailing Address
ABSOLUTE HAIR DESIGN
7800 US HWY 1792 S STE 116
Suite, Apt. #
FERN PARK, FL 32730
407-834-HAIR



☐ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number	Applied For
	407-834-HAIR	59-3191485	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Seminole	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

PIGOTT, DARLENE JOAN
199 SAVANNAH PARK LOOP
LONGWOOD FL 32779

Cassleberry Fla 32707

7. Name and Address of New Registered Agent

Name *Joan Piggott*
Street Address (P.O. Box Number is Not Acceptable)
199 Savannah park loop
Cassleberry Fla 32707
City **FL** Zip Code

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 *Joan Piggott*
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> Delete
NAME	JOAN DARLENE PIGOTT	
STREET ADDRESS	199 SAVANNAH PARK LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32779	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Piggott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)