

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90182 046 ***150.00

DOCUMENT # P93000065047

1. Entity Name

HAIR MAGIC, ETC., INC.

Principal Place of Business

**703 E OAKRIDGE RD
 ORLANDO FL 32809**

Mailing Address

**703 E OAKRIDGE RD
 ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3197642

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

**WENZ, LISA M
 3512 E. KALEY AVE
 ORLANDO FL 32806**

Name

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

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	PD LANIER, CATHY E 3811 LAKE MARGARET BLVD ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cathy E. Lanier
SIGNATURE REQUIRED CATHY E. LANIER

8/25/02

407-851-1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

~~XXXXXXXXXX~~ 874052

P9300065047

Hair Magic Etc., Inc.

703 E. Oakridge Rd.

Orlando, Fl. 32809-4204

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

~~Tallahassee, Fl. 32302-1500~~

To Whom It May Concern;

In filling out this bill and making a phone call to your office to find out some information, we were informed that this was a second notice ;we DID NOT receive the first notice of this bill. We were instructed by your office to go ahead and send the first notice fee of \$150.00 and the commission would decide to extend the final date or they would accept this payment in full. We have always paid our fee on schedule in the past and would have this time if we had received our first notice.

Thank you for your consideration in this matter and we will be awaiting your decision.

If you need to contact us we can be reached at 407-851-1294
or 407-896-7822

Sincerely;

Cathy E. Lanier

Cathy E. Lanier

President / Hair Magic Etc. Inc.

Attachment

274052

P9300065047

HAIR MAGIC ETC, INC.
703 E. Oakridge Rd.
Orlando, Fl. 32809-4204

Fl. Department of State
Dept. of Corporations
P.O. Box 6327
Tallahassee, Fl. 3214

To Whom This May Concern;

I am returning these papers as I was instructed by one of your employees, Eula. I received this notice that you did not get my check or could not locate it at the time of this letter. I am encloseing another check for \$150.00 to cover my corporation fee. I have stopped payment on the first check that was enclosed in all of my first corrspondence with your office and am now issuing a new check to you.

Once again thank you for your resolution of this matter.

Sincerely;

Cathy E. Lanier

Cathy E. Lanier

Hair Magic Etc., inc.
P9300065047

EIN # 59-3197642



Attachment
874052

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 12, 2002

HAIR MAGIC, ETC., INC.
703 E OAKRIDGE RD
ORLANDO, FL 32809

Subject: HAIR MAGIC, ETC., INC.

Reference Number: P93000065047

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN

www.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



attachment
874052

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 12, 2002

HAIR MAGIC, ETC., INC.
703 E OAKRIDGE RD
ORLANDO, FL 32809

Subject: **HAIR MAGIC, ETC., INC.**

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ANNUAL REPORTS SECTION