

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90493 027 ***150.00

DOCUMENT # P93000076986

1. Entity Name
VON'S BEAUTY TRANSITION, INC.



Principal Place of Business
**1247 N PINE HILLS RD
ORLANDO FL 32808**

Mailing Address
**1247 N PINE HILLS RD
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES
(ADDRESS ONLY)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, KENNETH
6040 RALEIGH ST
APT 2107
ORLANDO FL 32835**

Name

THOMPSON, KENNETH L

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

1906 ANCIENT OAK DR

City

OCCOE

FL

Zip Code

34761

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **THOMPSON, VONCILLE G**
STREET ADDRESS **6040 RALEIGH ST APT 2107**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **THOMPSON, VONCILLE G** ☒ Change ☐ Addition
NAME **1906 Ancient Oak Dr.**
STREET ADDRESS **Ocoee, FL 34761**
CITY-ST-ZIP **ADDRESS ONLY**

TITLE **VD** ☐ Delete
NAME **THOMPSON, KENNETH**
STREET ADDRESS **6040 RALEIGH ST APT 2107**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Kenneth Thompson** ☒ Change ☐ Addition
NAME **1906 Ancient Oak DR**
STREET ADDRESS **Ocoee FL 34761-7669**
CITY-ST-ZIP **ADDRESS ONLY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH L THOMPSON **4/22/03**

Date **407-797-8667** Daytime Phone

CR2E034 (10/02)