

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 SEP 29 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087739

1. Entity Name Sharand Inc.  
1724 Thomasville Rd  
Tallahassee FL 32303



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1724 Thomasville Rd  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
Tallahassee FL

Zip  
32303

Country  
Leon

**REINSTATEMENT 2003**

4. FEI Number  
59-3185606

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Randi G Cohen

Street Address (P.O. Box Number is Not Acceptable)  
1724 Thomasville Rd

City Tallahassee FL Zip Code 32303

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Randi Cohen</u> <u>1724 Thomasville Rd</u> <u>Tallahassee FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400023523224</u> <u>10/03/03--01002--021</u> **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V Pres, Sec., Treas.</u> <u>Sharon Holgan</u> <u>602 Glenview Dr.</u> <u>Tallahassee FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Sharon Holgan SHARON A Holgan, VPST 9/26/03 8506810442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



2872

Sharon Inc, DBA  
Designs Salon  
1724 Thomasville Rd.  
Tallahassee, FL 32303  
Sept 26, 2003

To Whom it May Concern:

Due to the fact we moved our business this past year, we did not receive our renewal notice for the UBR. We just recently realized this and printed a copy from your web site. We are asking you to please waiver the \$500<sup>00</sup> fee. Our mail has been a really big problem since the move. We did give the postal service adequate notice for our change of address. Again, please consider a waiver of the fee.

Sincerely,  
Sharon A. Holgan  
UPST. 850.681.0442