

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90057 027 ***150.00

DOCUMENT # **94000007210**
 1. Entity Name **Wavelengths Hair Design Inc.**

Principal Place of Business Mailing Address
2875 S. Orange Ave #520 **6031 Scotchwood Glen #202**
Orlando, FL 32806 **Orlando, FL 32822**

2. Principal Place of Business 3. Mailing Address
6031 Scotchwood Glen #202
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#202

City & State City & State
Orlando, FL
 Zip Country Zip Country
32822 U.S.A.

4. FEI Number **59-3224583** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~Rosemary Hayes Egg~~
 7. Name and Address of New Registered Agent
 Name **Richard F. Hayes CPA**
 Street Address (P.O. Box Number is Not Acceptable)
2102 E. Robinson Street
 City **Orlando** FL Zip Code **32802**

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.
 SIGNATURE **Richard F. Hayes CPA** **8/28/01**
 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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **x Mikee J. Fair**

A0084382

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment
PH 941000007210
A0084382

08/28/2001

To whom it may concern,

I am writing to let you know that I never received my renewal for my corporate UBR under the name Wavelengths Hair Design Inc. I am sending the renewal amount of \$150.00 after talking to someone in your office. She told me to send this letter along with my check. If you have any questions you may reach me at 407-222-7875 or write to me at my address 6031 Scotchwood Glen #202 Orlando, Florida 32822.

Thank you,



Mikee Fair (President)