

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 940000 42458

1. Entity Name
ARDAN'S House of Beauty Inc

FILED

02 APR 15 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

919 N. Monroe

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TLH, FLA

City & State

TLH, FLA

4. FEI Number

59-3247862

Applied For

Not Applicable

Zip

32303

Country

Lean

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARDAN Mullen

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

2013 Ted Hines Dr

City

TLH

FL

Zip Code

32308

DO NOT WRITE
IN THIS SPACE

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

[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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

ARDAN Mullen

STREET ADDRESS

2013 Ted Hines Dr

CITY-ST-ZIP

TLH, FLA 32308

TITLE
NAME

President

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

700005348067--2

STREET ADDRESS

CITY-ST-ZIP

-04/25/02--01046--011

****150.00 ****150.00

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15-02 224-3917

Date

Daytime Phone #

CR2E034B (12/01)