2000 UNIFORM BUSINESS REPORT (UBR)

3/2:

m

1. Entity Name	MENT # P94000(HAND'S SALON, INC.)539 	99				May 04, Secreta	2000 8 ry of S	
Principal Place	of Business	Mailin	g Address						
118 SOUTH MAGNOLIA AVENUE OCALA FL 34471			B SOUTH MAGNOLIA AVENUE IALA FL 34474-4154						
2. Crimpinal Ole	ace of Business	1 2 140	ling Address						
Suite, Apt. #		1	uite, Apt. #, etc.				DO NOT WRITE IN		A (A)) (BA(
City & State		<u> </u>	City & State			4. FEI Numbe			plied For
Zip Country		Zip	<u> </u>			4. 72. 13.1130	59-3252910		Applicable
				Codina	<u> </u>		of Status Desired	Føe Required	
	6. Name and Address of Current	Hegister	a Agent ~		Name 8		Address of New Registr $SCOTTR$	srea Agent	
118 \$	"Ord, Linda" k South Magnolia avenue						r is Not Acceptable) h mag NOU	A AVE	
OCAL	LA FL 34471		<u> </u>	ļ				7700	
	·····		1			CALA		FL Zip Code	7/
8. The above	named entity submits this statement for	or the purp	oose of changing its	registere 	d office or regis	tered agent, or bot			_
SIGNATURE _	Signature, typed or printed name of registered agent	and title if app		E: Registered		p W N	3	- 17- 00	<u> </u>
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	l	FILE NOW! After MAY 1, 20 fake Check Payat	00 Fee	will be \$550.0	0 _{Tru}	ection Campaign Financirust Fund Contribution.	+	O May Be to Fees
11,	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	12,	<u> </u>	!	CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, SCOTT R 13087 CR 101 OXFORD FL 34484		☐ Defete					☐ Change	Addition
TITLE			Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					et address -st-zip	•			
TITLE NAME	•		Delete •	TITLE	ı			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition
indicated of the co changed	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee em, or on an attachment with an address	is true an	d accurate and that to execute this repor	my signa t as requi	ture shall have ired by Chapter	the same legal effe 607, Florida Statut	ct as if made under oath:	that I am an officer pears in Block 11 o	r or director
SIGNA	TURE: SIGNATURE AND TYPED O	R PRINTED N	AME OF SIGNING OFFICE	R OR DIREC	rees/dea		Date	Daytime Phone #	