

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90129 014 \*\*\*150.00

**DOCUMENT # P94000061712**

1. Entity Name  
**SKILL HAIR SERVICES BARBER SHOP, INC.**



Principal Place of Business  
**3853 NORTHDAL BLVD  
TAMPA FL 33624  
US**

Mailing Address  
**3853 ORTH DALE BLVD  
TAMPA FL 33624  
US**



2. Principal Place of Business

3. Mailing Address

**P. O. Box 715**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lutz, FL 33549-0715**

4. FEI Number

**59-3262902**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SILVA, JESUS  
14743 LAKE FOREST DR.  
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **J. M. Hill**

Street Address (P.O. Box Number is Not Acceptable)  
**1628 N. Dale Mabry**

**P. O. Box 715**

City

**Lutz,**

**FL**

Zip Code  
**33549**

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, type 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

TITLE **D** ☒ Delete  
NAME **SILVA, JESUS**  
STREET ADDRESS **14743 LAKE FOREST DR**  
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **P** ☒ Delete  
NAME **VALDES, JUAN**  
STREET ADDRESS **14743 LAKE FOREST DR**  
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **VP** ☐ Delete  
NAME **VALDES, ARLENE**  
STREET ADDRESS **3817 PARK WAY BLVD**  
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P, S, T** ☒ Change ☐ Addition  
NAME **VALDES, ARLENE**  
STREET ADDRESS **3817 Park Way Blvd.**  
CITY-ST-ZIP **Land O' Lakes, FL 34639**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other like empowered.

SIGNATURE:

*Arlene R. Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 20, 2003 813-

Date

Daytime Phone 265-3827

CR2E034 (10/02)