

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023960

1. Entity Name

SHEAR JOY BEAUTY SALON, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90056 030 ***158.75

Principal Place of Business

Mailing Address

8430 SW 103R ST RD
OCALA FL 34481-7766
US

8430 SW 103RD ST RD
OCALA FL 34481-7766
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3306091

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MARILYN J
7075 SW 93 STATE ROAD
OCALA FL 34476

Name

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

5585 SW 104TH ST

City Ocala

FL

Zip Code 34476

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, 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D
NAME WILSON, MARILYN J
STREET ADDRESS 5585 S W 104TH STREET
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

TITLE V/S/T
NAME PAUL R. WILSON
STREET ADDRESS 5585 SW 104TH ST
CITY-ST-ZIP Ocala FL 34476-9184 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: Marilyn J Wilson (MARILYN J WILSON) 1-7-2000 (352) 854-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)