

2000 UNIFORM BUSINESS REPORT (UBR)

193

DOCUMENT # P95000025627

1. Entity Name

THE WAVY CLIPPER, INC.

FILED

00 JUN 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3024 HARBOUR DR
ST. AUGUSTINE FL 32095
US

3024 HARBOUR DR
ST. AUGUSTINE FL 32095-2100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3306779

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

BRUNER, RANDALL S
3024 HARBOR DR
ST. AUGUSTINE FL 32095

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME D
STREET ADDRESS BRUNER, RANDALL
CITY-ST-ZIP 27 CINCINNATI AVENUE
ST. AUGUSTINE FL 32084

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/2000

(904) 824-3800

11/13/2000 11:06



The Wavy Clipper Hair & Nail Salon

June 15, 2000

To Whom It May Concern:

I have been diagnosed with clinical depression. Due to my illness, I inadvertently overlooked the corporation tax. I am currently working with the IRS and the state to get my business affairs in order. It is with great regret that I overlooked such important matters.

A letter from my Doctor confirming my illness will be forth coming.

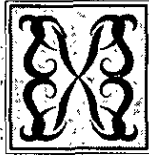
Thank you, for your cooperation in the above matter.

Sincerely,

Randall Bruner
President

3024 HARBOR DR.
ST. AUGUSTINE, FL. 32095
WWW.OLDCITY.COM/CLIPPER

PHONE: (904) 824-3800
FAX (904) 825-4180
CLIPPER@AUG.COM



Psychological
Services

30/3

Corporate Office

236 SouthPark Circle East • St. Augustine, Florida 32086 • (904) 824-7733 • FAX (904) 829-9768

June 16, 2000

To Whom It May Concern:

Re: BRUNER, Randall

I am writing this letter at the request of Mr. Randall Bruner. Randy began treatment with Psychological Services of St. Augustine in May 1999 as a result of some long standing depression and anxiety that had begun manifesting itself in ways that made it very difficult for him to attend to details, focus on his work and generally handle the pressures of running his business. He was referred to our staff psychiatrist, Dr. Stanley Cohen for medication evaluation and has since been taking medication and following through with therapy which has proven effective. He has been very cooperative and compliant with his therapy.

I hope that this information will be helpful. If you have any questions please feel free to contact me.

Sincerely,

Karen G. Selig, M.A.
Licensed Marriage and Family Therapist

KGS/cpb
cc: file