

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050517

1. Entity Name

THE PHOENIX SALON, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90041 047 ***150.00

Principal Place of Business

Mailing Address

5525 49TH ST N
 ST. PETERSBURG FL 33709

5525 49TH ST N
 ST. PETERSBURG FL 33709-2103

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

59-3326856

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

STEVENSON, CAROL L
 1244 36TH AVENUE NORTH
 ST. PETERSBURG FL 33704

Name

Nancy Mitchell

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

3026 2nd Ave. N.

City

St. Petersburg

FL

Zip Code

33713

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

Nancy Mitchell

Nancy Mitchell - Director -

4/24/2000

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 effects to do so ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

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** ☒ Delete
 NAME STEVENSON, CAROL L.
 STREET ADDRESS 1244 36TH AVENUE NORTH
 CITY-ST-ZIP ST. PETERBURG FL

TITLE **D** ☒ Change ☐ Addition
 NAME Mitchell, Nancy
 STREET ADDRESS 3026 2nd Ave. N.
 CITY-ST-ZIP St. Petersburg, FL 33713

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
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TITLE ☐ Delete
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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:

Nancy Mitchell

Nancy Mitchell 4-24-2000

727
 3234807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #