

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90288 015 ***150.00

DOCUMENT # P95000051075

1. Entity Name

~~DETAILS A SALON, INC.~~
David Andrew Hair Studio & Spa, Inc.

Principal Place of Business

Mailing Address

~~3224 BLOOMINGDALE BLVD
 WINTERGARDEN FL 32784~~
*725 Lithia Pinecrest Rd
 Brandon FL 33511*

*C/O WALTER SANDERS
 13910 N DALE MABRY #1
 TAMPA FL 33618-2440*

2. Principal Place of Business

725 Lithia Pinecrest Road

3. Mailing Address

3355 Bears Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Tampa, Florida

4. FEI Number

59-3325124

Applied For

Not Applicable

Zip

33511

Country

Zip

33618

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER
13910 NORTH DALE MABRY HWY.
SUITE ONE
TAMPA FL 33618

Name *Walter Sanders*
 Street Address (P.O. Box Number is Not Acceptable)
3355 Bears Avenue
 City *Tampa* **FL** Zip Code *33618*

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 *Walter Sanders* *Walter Sanders*

2/22/2000
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VP	<input checked="" type="checkbox"/> Delete
NAME	COMBS, PHILIP B	
STREET ADDRESS	10008 KEN LAKE DR	
CITY-ST-ZIP	RIVERVIEW FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERDICOW, ANDREW	
STREET ADDRESS	3611 WOODHILL DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>David Combs</i>	
STREET ADDRESS	<i>3611 Woodhill Drive</i>	
CITY-ST-ZIP	<i>Brandon, Florida 33511</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Janice L. Matthews</i>	
STREET ADDRESS	<i>1115 Callista Ave</i>	
CITY-ST-ZIP	<i>Valrico, FL 33594</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/00 *812-684-4005*
 Date Daytime Phone #

CR2E034 (9/99)