

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2000 90843 028 ***150.00

DOCUMENT # P95000068493

1. Entity Name

JUST-NHCH HAIR-N-NAIL SALON, INC.

Principal Place of Business

Mailing Address

450 S. OLD DIXIE HWY., STE. #1
 JUPITER FL 33458

450 S. OLD DIXIE HWY., STE. #1
 JUPITER FL 33458-7483

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 **65-0619390**

Applied For
 Not Applicable

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

ODELL, JENNIFER
 308 LIGHTHOUSE DR.
 PALM BEACH FL 33410

Name **Odell, Jennifer**

Street Address (P.O. Box Number is Not Acceptable)
1207 CHEROKEE ST.

City **Jupiter**

FL

Zip Code
33458

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

Jennifer Odell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	INGRAM, SANDRA	825 CENTER ST., APT. 37B	JUPITER FL	<input checked="" type="checkbox"/>
VP	ODELL, JENNIFER	308 LIGHTHOUSE DRIVE	PALM BEACH GARDENS FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P-T-S	Odell, Jennifer	1207 CHEROKEE ST.	Jupiter, FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	ODELL, HOWARD	1207 CHEROKEE ST.	Jupiter, FL 33458	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jennifer Odell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

561-745-9988

Daytime Phone #

CR2E034 (9/99)