

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91838 028 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000004031

1. Entity Name  
**PIZZAZZ HAIR AND NAIL STUDIO, INC.**



Principal Place of Business  
6202 SE 126TH LANE  
BELLEVUE, FL 34420 US

Mailing Address  
6202 SE 126TH LANE  
BELLEVUE, FL 34420 US

2. Principal Place of Business  
18002 SE Hwy 42  
Suite, Apt. #, etc.

3. Mailing Address  
18002 SE Hwy 42  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
WEIRSDALE FL

City & State  
WEIRSDALE FL

4. FEI Number  
59-3365299

Applied For  
Not Applicable

Zip  
32195

Country  
MARION

Zip  
32195

Country  
MARION

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

MATHIS, CYNTHIA J  
6202 SE 126TH LANE  
BELLEVUE, FL 34420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATHIS, CYNTHIA J  
6202 SE 126TH LANE  
BELLEVUE, FL 34420 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATHIS, CYNTHIA J  
18002 SE Hwy 42  
WEIRSDALE FL 32195 ☒ Change ☐ Addition

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia J. Mathis

CYNTHIA J. MATHIS

4-26-03

(352) 750-0528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)