

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006686

1. Entity Name

VANSCO HAIR, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90065 023 ***150.00

Principal Place of Business

Mailing Address

11730 N DALE MABRY HWY
TAMPA FL 33618
US

812 GATEWAY LN
TAMPA FL 33613-2161
US

2. Principal Place of Business

1207 West Fletcher Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3355867

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

Country

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

VANSCO, MARC
14529 DIPLOMAT DRIVE
TAMPA FL 33613

Name

VANSCO, Marc

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

812 Gateway Lane

City

Tampa

FL

Zip Code

33613

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 VANSCO, MARC
CITY-ST-ZIP 14529 DIPLOMAT DRIVE
TAMPA FL 33613

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

TITLE ☐ Delete
NAME VANSCO, Marc
STREET ADDRESS 812 Gateway Lane
CITY-ST-ZIP Tampa, FL 33613

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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 #

4/10/00

(813) 205-3553

CR2E034 (9/99)