

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90271 041 \*\*\*158.75

DOCUMENT # P96000008894

1. Entity Name

HAIRSTREAK DEVELOPMENT CORP.

Principal Place of Business

2801 N. NINTH ST.  
ST. AUGUSTINE FL 32095  
US

Mailing Address

3501 -B N. PONCE DE LEON BLVD.  
STE 367  
ST. AUGUSTINE FL 32095  
US

818546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PMB 367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3501-B N. Ponce de Leon Blvd.

City & State

City & State

St. Augustine, FL

4. FEI Number

59-3359346

Applied For

Not Applicable

Zip

32084

Country

Zip

32084

Country

5. Certificate of Status Desired

X

\$8.75

Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLER, GEORGE  
2801 NORTH NINTH STREET  
ST. AUGUSTINE FL 32095

Name

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

City

FL

Zip Code

32084

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, 2001 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  
PD  
KAPLER, GEORGE  
3501-B N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32095

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
ROY, GLYNDA  
16 SPENCER STREET  
SAINT AUGUSTINE FL 32095

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PM B : 367  
3501-B N. Ponce de Leon Blvd  
St. Augustine, FL 32084

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Zip code to: 32084

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Glynda Roy

Glynda Roy

3-29-01

904-819-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)