

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000013610**1. Entity Name
HILLVIEW HAIR FASHIONS, INC.Principal Place of Business
609 N WASHINGTON BLVD
SARASOTA FL 34236 US
Mailing Address
609 N WASHINGTON BLVD
SARASOTA FL 34236 US

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

65-0641784

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 AgentFORTIN RONALD
5820 HELEN WAYSARASOTA FL
34237 US**7. Name and Address of New Registered Agent**

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.

SIGNATURE _____ **01/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME FORTIN JANET E
STREET ADDRESS 5820 HELEN WAY
CITY-ST-ZIP SARASOTA FL 34243TITLE D ☐ Delete
NAME FORTIN RONALD
STREET ADDRESS 5820 HELEN WAY
CITY-ST-ZIP SARASOTA FL 34243TITLE D ☐ Delete
NAME LESMERISES JOSEPH C
STREET ADDRESS 7137 QUEEN PLAM CIRCLE
CITY-ST-ZIP SARASOTA FL 34243TITLE D ☐ Delete
NAME LESMERISES MARY
STREET ADDRESS 1931 S OSPREY
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME LESMERISES MARY
STREET ADDRESS 7137 QUEEN PALM CIRCLE
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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: RONALD FORTIN

D

01/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)