

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90045 016 \*\*\*150.00

**DOCUMENT # P96000013907**

**1. Entity Name**  
**PONCE HAIR DESIGNS, INC.**

**Principal Place of Business**  
**3501-P N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE FL 32084**  
**US**

**Mailing Address**  
**3501-P N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE FL 32084**  
**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** **59-3368285**

Applied For  
 Not Applicable

**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**

**PONCE, LOLA H**  
**3501-P N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE FL 32084**  
**32084**

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** *[Signature]*  
 Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** *[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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **PONCE, LOLA H**  
**STREET ADDRESS** **3501-P N. PONCE DE LEON BLVD.**  
**CITY-ST-ZIP** **ST. AUGUSTINE FL 32084 32084**

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

**TITLE** **PVST** ☐ Delete  
**NAME** **PONCE, LOLA H**  
**STREET ADDRESS** **3501-P N. PONCE DE LEON BLVD.**  
**CITY-ST-ZIP** **ST. AUGUSTINE FL 32084 32084**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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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 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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Date]* **April 18, 2002** **904825-0535**  
 Date Daytime Phone #

CR2E034 (9/01)