

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 996000027111

1. Entity Name

John The Hairdresser, Inc



03 APR -8 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1095 S N HWY US1

Suite, Apt. #, etc.

3. Mailing Address

1095 S N HWY US1

Suite, Apt. #, etc.

500015475905

04/08/03--01072--015 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

59-3381569

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

John Amuzzini

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

1095 Peninsula Dr

City

Ormond Beach

FL

Zip Code

32174

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 resigning)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

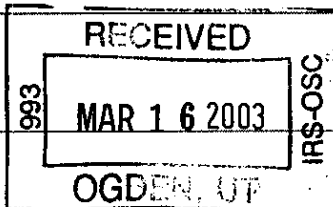
9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	John Amuzzini
STREET ADDRESS	1095 Peninsula Dr
CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with which I am associated.

SIGNATURE:

John Amuzzini, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03

Date

386-615-8125

Daytime Phone #

CR2E034B (12/02)

2/9/03