

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028528

1. Entity Name

WINTER PARK HAIR CLINIC, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90029 004 ***150.00

Principal Place of Business

Mailing Address

525 N PARK AVE
SUITE 218
WINTER PARK FL 32789
US

525 N. PARK AVENUE
SUITE 218
WINTER PARK FL 32789-3227
US

2. Principal Place of Business

525 N. Park Ave

3. Mailing Address

525 N. Park Ave

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

Suite 218

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3365355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLING, SHARON O
525 N. PARK AVENUE
SUITE 218
WINTER PARK FL 32789

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

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

TITLE **D** ☐ Delete
NAME **FLING, SHARON O**
STREET ADDRESS **525 N. PARK AVENUE, SUITE 218**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

Date

629-5106

Daytime Phone #

CR2E034 (9/99)