

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Feb 23, 2001 8:00 am  
Secretary of State

01-29-2001 90081 040 \*\*\*150.00

DOCUMENT # P96000037619

1. Entity Name  
PHD SALON, INC.

Principal Place of Business  
102 SECURITY SQUARE CENTER  
WINTER HAVEN FL 33880  
US

Mailing Address  
102 SECURITY SQUARE CENTER  
WINTER HAVEN FL 33880  
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 59-3394917

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

IRWIN, BARBARA A  
102 SECURITY SQUARE  
WINTER HAVEN FL 33880

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 renouncing)

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 D ☐ Delete  
NAME JUSTUS, AMY J  
STREET ADDRESS 3851 YOUNG RD  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ Change ☒ Addition  
NAME Linda Sue Hunt  
STREET ADDRESS 104 Allen Ave. S.W.  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☐ Delete  
NAME IRWIN, BARBARA A  
STREET ADDRESS 350 GREENFIELD RD  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ Change ☒ Addition  
NAME Bonnie CAROL TIBBS  
STREET ADDRESS 107 LAS FLORES  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete  
NAME DECK, SANDRA L  
STREET ADDRESS 2702 AVENUE U NW  
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D ☒ Delete  
NAME HENRY, TAMELA F  
STREET ADDRESS 3875 BUCKBOARD TRAIL  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☒ Change ☐ Addition  
NAME Henry TAMELA F.  
STREET ADDRESS 2411 Gerber Dairy Rd  
CITY-ST-ZIP Winter Haven, FL 33880

TITLE D ☐ Delete  
NAME THOMAS, KAREN  
STREET ADDRESS 511-8TH ST S  
CITY-ST-ZIP DUNDEE FL 33838

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

TITLE D ☐ Delete  
NAME DEAN, FELICIA M  
STREET ADDRESS 350 GREENFIELD RD  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ 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:

*Barbara A. Irwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)