

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90114 006 \*\*\*150.00

**DOCUMENT # P96000048127**

1. Entity Name  
**PLANET HAIR, INC.**

Principal Place of Business  
**2400 TAMiami TRAIL NORTH**  
**102**  
**NAPLES FL 34103**

Mailing Address  
**5660 10TH AVENUE S.W.**  
**NAPLES FL 34116**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PLANET HAIR**  
 Suite, Apt. #, etc.  
**SUITE 102**  
 City & State  
**NAPLES FL**  
 Zip  
**34103**  
 Country

3. Mailing Address  
**2400 9TH STREET N. 102**  
 Suite, Apt. #, etc.  
**SUITE 102**  
 City & State  
**NAPLES, FL**  
 Zip  
**34103**  
 Country

4. FEI Number **65-0681828** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TUCKER, KAREN**  
**5660 10TH AVENUE SW**  
**NAPLES FL 34116**

7. Name and Address of New Registered Agent  
 Name  
**KAREN TUCKER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5660 10TH AVE SW**  
**NAPLES, FL**  
 City  
**NAPLES** FL Zip Code  
**34116**

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 **KAREN TUCKER** *Karen Tucker* DATE **1-15-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUCKER, KAREN</b> <b>5660 10TH AVENUE S.W.</b> <b>NAPLES FL 34116</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *Karen Tucker* DATE **1-15-02** 941 Daytime Phone # **261 3237**

CR2E034 (9/01)