

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90038 036 ***158.75

DOCUMENT # **P96000050600**
 1. Entity Name
Jack and Jean's Hair Design, Inc.

Principal Place of Business Mailing Address
1700 WEST International **20 Fox Hollow Drive**
Speedway Blvd **O.B., FL 32174**
Daytona Beach, FL 32114

2. Principal Place of Business 3. Mailing Address
1700 WEST **20 Fox Hollow Dr**
Daytona Beach, FL 32114 **O.B., FL 32174**
 Suite, Apt. # etc. Suite, Apt. #, etc.
#180

City & State City & State
Daytona Beach, FL **O.B., FL**
 Zip Country Zip Country
32114 U.S. **32174 U.S.**

4. FEI Number Applied For
593383221 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jeanette Larsen
20 Fox Hollow Drive

7. Name and Address of New Registered Agent
 Name **Same**
 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 **Jeanette Larsen** **Jeanette Larsen** President **2/21/00**
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)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Jeanette Larsen	
STREET ADDRESS	20 Fox Hollow Drive	
CITY-ST-ZIP	O.B., FL 32174	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Mark Larsen	
STREET ADDRESS	20 Fox Hollow Drive	
CITY-ST-ZIP	O.B., FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jeanette Larsen** **Jeanette Larsen** President **2/21/00** **904 255 7497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)