

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000050600**

1. Entity Name

**Jack and Jean's Hair Design, Inc.**

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

03-01-2000 90038 036 \*\*\*158.75

Principal Place of Business

**1700 WEST International  
Speedway Blvd  
Daytona Beach, FL 32114**

Mailing Address

**20 Fox Hollow Drive  
O.B., FL 32174**

2. Principal Place of Business

**1700 WEST  
Daytona Beach, FL 32114  
Suite, Apt. # etc.  
#180**

3. Mailing Address

**20 Fox Hollow Dr  
O.B., FL 32174  
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Daytona Beach, FL  
Zip 32114 Country U.S.**

City & State

**O.B., FL  
Zip 32174 Country U.S.**

4. FEI Number

**593383221**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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**  
(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, 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 **President** ☐ Delete  
NAME **Jeanette Larsen**  
STREET ADDRESS **20 Fox Hollow Drive**  
CITY-ST-ZIP **O.B., FL 32174**

TITLE **Vice-President** ☐ Delete  
NAME **Mark Larsen**  
STREET ADDRESS **20 Fox Hollow Drive**  
CITY-ST-ZIP **O.B., FL 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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: **Jeanette Larsen** **Jeanette Larsen** **2/21/00** **904 2557497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)