

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057008

1. Entity Name

SCISSORHANDS HAIR DESIGN, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90206 031 ***158.75

Principal Place of Business

Mailing Address

16450-5 SOUTH TAMiami TRAIL
FORT MYERS FL 33908

16450-5 SOUTH TAMiami TRAIL
FORT MYERS FL 33990-1809

2. Principal Place of Business

17240 South Tamiami Trail
Suite, Apt. #, etc.
7

3. Mailing Address

17240 South Tamiami Trail
Suite, Apt. #, etc.
7



DO NOT WRITE IN THIS SPACE

City & State
Fort Myers FL
Zip
33908

City & State
Fort Myers FL
Zip
33908

4. FEI Number 65-0681893

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

DAVENPORT, DONALD L
16450-5 SOUTH TAMiami TRAIL
FORT MYERS FL 33908

Name
DAVENPORT, ELLA M.
Street Address (P.O. Box Number is Not Acceptable)
1618 VISCAYA Parkway
City
Cape Coral FL Zip Code
33990

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 ELLA M. DAVENPORT, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVENPORT, DONALD L	
STREET ADDRESS	16450-5 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, ELLA M	
STREET ADDRESS	16450-5 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVENPORT, YOSHIE	
STREET ADDRESS	16450-5 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	FORT MYERS FL 33908	
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		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA WRIGHT	
STREET ADDRESS	17240 #7 South Tamiami Trail	
CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, ELLA M.	
STREET ADDRESS	1618 VISCAYA PARKWAY	
CITY-ST-ZIP	Cape Coral FL 33990	
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: ELLA M. DAVENPORT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date

941-454-8005
Daytime Phone #

CR2E034 (9/99)