

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060868

1. Entity Name

CLOVERS CLIP & CURL, INC.

Principal Place of Business

Mailing Address

7967 MIRAMAR PKY
MIRAMAR FL 33023

2. Principal Place of Business

7967 MIRAMAR PKWY

Suite, Apt. #, etc.

3. Mailing Address

7967 MIRAMAR PKWY

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33023

Zip

33023

Country

USA

Country

USA

4. FEI Number

65-0684466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIA THOMAS
7967 MIRAMAR PKWY
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

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 reinstating)

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	<input type="checkbox"/> Delete	TITLE	PRESIDENT	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MARIA	THOMAS	
STREET ADDRESS		STREET ADDRESS	7967 MIRAMAR PKWY		
CITY-ST-ZIP		CITY-ST-ZIP	MIRAMAR FL 33023		
TITLE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Maria Thomas* - PRESIDENT 11-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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October 10th, 2001

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314.

Re: Clover's Clip & Curl, Inc.

Document # P96000060868

Gentlemen,

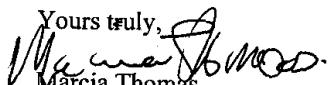
As per our conversation enclosed please find renewal application and check for \$150.00 for the above named Corporation.

I had explained that I did not receive the original renewal forms and I am hereby requesting that you waive any penalties that might have accrued.

My mails were going across the street.

We apologize for any inconvenience.

Yours truly,


Marcia Thomas
President.