

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 023 ***150.00

DOCUMENT # P96000060868

1. Entity Name

CLOVERS CLIP & CURL INC.

Principal Place of Business

**7967 MIRAMAR PARKWAY
 MIRAMAR FL 33023**

Mailing Address

**7967 MIRAMAR PARKWAY
 MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684466

Applied For

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

7. Name and Address of New Registered Agent

**THOMAS, MARCIA
 7967 MIRAMAR PARKWAY
 MIRAMAR FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PS** ☐ Delete
 NAME **THOMAS, MARCIA**
 STREET ADDRESS **7967 MIRAMAR PARKWAY**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 the empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#P96.000060868

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

972228

CLOVER'S CLIP + CURL

TO WHOM IT MAY CONCERN,

THIS LETTER IS REGARDING A REQUEST FROM THE FLORIDA DEPARTMENT OF STATE. UNFORTUNATELY MY ANNUAL FEE THIS YEAR WAS PAST DUE, THE FIRST PORTION OF THE BUSINESS REPORT WAS NOT SENT; HOWEVER A REPORT FOR ANOTHER INDIVIDUAL WAS DELIVERED INSTEAD. A SECOND POSTAGE WAS FINALLY SENT RECENTLY. I AM HOPING THAT THE FEE OF \$500.00 MAY BE WAIVED AS THIS CIRCUMSTANCE IS OUT OF MY CONTROL. THANKS IN ADVANCE FOR REVIEWING MY REQUEST AND UNDERSTANDING THE SITUATION.

SINCERELY,

Marcia Thomas

MARCIA THOMAS