

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067532

1. Entity Name

POTTER HAIR SYSTEMS, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90017 026 ***150.00

Principal Place of Business

3898 NO TAMiami TRAIL STE 203
NAPLES FL 34103

Mailing Address

3898 NO TAMiami TRAIL STE 203
NAPLES FL 34103-3879

2. Principal Place of Business

4110 Center Point Dr

3. Mailing Address

935 High Point Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

FT Myers FL

City & State

Naples FL

Zip

33916

Country

Lee

Zip

34103

Country

Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTTER, MERRITT

3898 NO TAMiami TRAIL
NAPLES FL 34103

Potter Hair Systems
935 High Point Drive
Naples, FL 34103

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, 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 P
NAME POTTER, MERRITT
STREET ADDRESS 3898 N TAMiami TRAIL, STE. 203
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)