

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074981

1. Entity Name

WHITE HAIR PICTURES, INC.

Principal Place of Business

Mailing Address

5824 BEE RIDGE RD., SUITE 113
SARASOTA FL 34233

5824 BEE RIDGE RD., SUITE 113
SARASOTA FL 34233-5065

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 65-0737140

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

BAUER, DONNEL G
5007 NW 67 AVE
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

4586 Chase Oaks Dr

City

Sarasota

FL

Zip Code

34241

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 *Donnell G. Bauer*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

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 ☐ Delete
NAME BAUER, DONNELL G
STREET ADDRESS 5007 NW 67 AVE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☒ Change ☐ Addition
NAME 4586 Chase Oaks Dr
STREET ADDRESS
CITY-ST-ZIP Sarasota, FL 34241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Donnell G. Bauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 941-924-7101
Date Daytime Phone #

A0006696



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)