

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000077267

1. Entity Name

Beauty MARKS Inc.

Principal Place of Business

Mailing Address

525 Cleveland ST.  
CLEARWATER, FL 33755

525 Cleveland ST.  
CLEARWATER, FL  
33755-4007

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

59-3400219

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES.  
GAILZAID, Vicki  
525 Cleveland ST.  
CLEARWATER, FL 33755

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.PRES.  
BENTHIE, Simone  
525 Cleveland ST.  
CLEARWATER, FL 33755

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER  
De Simone, Janet  
525 Cleveland ST.  
CLEARWATER, FL 33755

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 #

Marty Wiley - Disbursements Director

8/15/00 727-447-4366

CR2E034 (9/99)

**Beauty Marks, Inc.**

Attachment Doc # P9660007267

A0074099

August 16, 2000

Div. of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Please note that I have just recently assumed the responsibilities of Disbursements Director for Beauty Marks, Inc., 525 Cleveland Street, Clearwater, Florida.

Upon going through necessary files of my responsibilities, I realized that no UBR had been filed for year 2000, nor did I find the blank form normally mailed to businesses. I did call for a form to be sent to Beauty Marks.

I am requesting the extra charges be waived due to the situation. As you will note, I have found that in the past all Beauty Marks UBRs and appropriate fees have been paid on time.

Please find attached our completed UBR Form, a check in the amount of \$150.00, and my request for forms.

Thank you for your consideration in this matter.

Sincerely yours,

  
Marty Ulrey  
Disbursements Director