

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90037 010 ***158.75

DOCUMENT #

1. Entity Name **CBS INC.**

Principal Place of Business

~~2145~~
Changing Faces Hair Design
2145 Americana Blvd
Orlando FL 32839

Mailing Address

CBS INC. DBA Changing Faces Hair Design
1826 Clacton Dr.
Orlando FL 32837

2. Principal Place of Business

Changing Faces Hair Design
 Suite, Apt. #, etc.
2145 Americana Blvd.

City & State

Orlando FL

Zip

32839

Country

3. Mailing Address

CBS INC.

Suite, Apt. #, etc.

1826 Clacton Dr.

City & State

Orlando FL

Zip

32837

Country

4. FEI Number

59-3409699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658740

6. Name and Address of Current Registered Agent

~~Jeffery Hatcher~~ **Bennie Hill**
~~1826 Clacton Dr.~~ **2145 Americana Blvd.**
~~Orlando FL 32837~~ **Orlando FL 32839**

7. Name and Address of New Registered Agent

Name **Jeffery Hatcher**
 Street Address (P.O. Box Number is Not Acceptable)
1826 Clacton Dr.
 City **Orlando** **FL** Zip Code **32837**

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 **Jeffery Hatcher**

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

(NOTE: Registered Agent signature required when reinstating)

4-28-01

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

TITLE **Vice President / Director** ☒ Delete
 NAME **Bennie Hill**
 STREET ADDRESS **2145 Americana Blvd**
 CITY-ST-ZIP **Orlando FL 32839**

TITLE **President / Director** ☐ Delete
 NAME **Jeffery Hatcher**
 STREET ADDRESS **1826 Clacton Dr.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE **Vice President / Director** ☐ Delete
 NAME **Curtis Dariso**
 STREET ADDRESS **1826 Clacton Dr.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE **Secretary** ☐ Delete
 NAME **Jeffery Hatcher**
 STREET ADDRESS **1826 Clacton Dr.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE **Treasurer** ☐ Delete
 NAME **Curtis Dariso**
 STREET ADDRESS **1826 Clacton Dr.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Jeffery Hatcher**

4-28-01

CR2E034 (11/00)