

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90045 015 ***150.00

0597279 AT

DOCUMENT # P97000010856

1. Entity Name

MICHAEL LAWRENCE HAIR STUDIO, INC.

Principal Place of Business

**3104 W PALMIRA AVE
TAMPA FL 33629
US**

Mailing Address

**3104 W. PALMIRA AVE
TAMPA FL 33629
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3404 S. DALE MABRY Hwy.

3. Mailing Address

5000 Culbreath Key Way

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Tampa, FL

4. FEI Number

59-3425320

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33611-3051

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REYNOLDS, BARBARA J E.A.
2002 NORTH LOIS AVE
STE 160
TAMPA FL 33607**

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, 2002 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 **PD** ☐ Delete
NAME **LAWRENCE, MICHAEL S**
STREET ADDRESS **5500 CULBREATH KEY WAY #8208**
CITY-ST-ZIP **TAMPA FL 33611-3050**

TITLE **VSD** ☒ Delete
NAME **KEYSER, TERRY**
STREET ADDRESS **602 E. ALEXANDER STREET, APT. #204**
CITY-ST-ZIP **PLANT CITY FL 33566-7141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **4335 AEGEAN DRIVE, APT 216 A**
CITY-ST-ZIP **TAMPA, FLORIDA 33611-2429**

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

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

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

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 839-6515
Date Daytime Phone #

CR2E034 (9/01)