## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000022579**

FRIENDS FULL SERVICE SALON, INC.

SMITH, LORETTA T

SIGNATURE

11.

TITLE

NAME

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NAME STREET ADDRESS

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2031 S.E. GRIFFEN AVE. PORT ST. LUCIE FL 34952

9. This corporation is eligible to satisfy its Intangible

SMITH, LORETTA T

SMITH, MARK D

2031 S.E. GRIFFEN AVE.

2031 S.E. GRIFFEN AVE.

PORT ST. LUCIE FL 34952

PORT ST. LUCIE FL 34952

Tax filing requirement and elects to do so.

(See criteria on back)

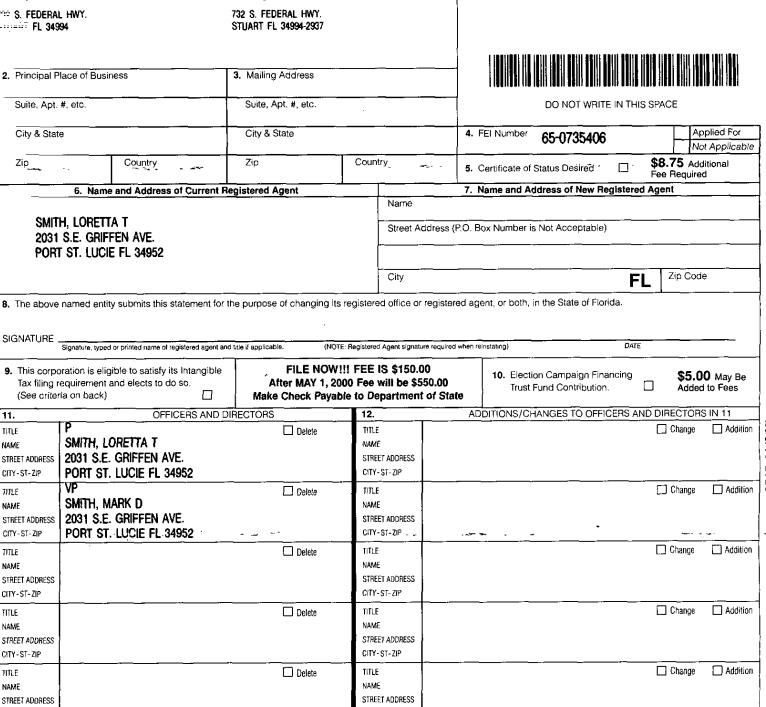
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Principal Place of Business Mailing Address " S. FEDERAL HWY. 732 S. FEDERAL HWY. ------- FL 34994 STUART FL 34994-2937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip \_ Country Country 6. Name and Address of Current Registered Agent

## **FILED** Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90022 009 \*\*\*150.00



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

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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SIGNATURE:

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