

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90006 036 \*\*\*150.00

<b>DOCUMENT #</b> P97000031559
<b>1. Entity Name</b> IN 2HAIR INC.

<b>Principal Place of Business</b> 220 S. HOLLY AVE ORANGE CITY FL 32763	<b>Mailing Address</b> 220 S. HOLLY AVE ORANGE CITY FL 32763
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-3445446	<b>Applied For</b>
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> WALTERS, MARY L 220 S. HOLLY AVE ORANGE CITY FL 32763
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<b>7. Name and Address of New Registered Agent</b>
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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WALTERS, MARY L	<b>NAME</b>	
<b>STREET ADDRESS</b>	1930 CONCERT ROAD	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DELTONA FL 32738	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WALTERS, RICHARD S	<b>NAME</b>	
<b>STREET ADDRESS</b>	1930 CONCERT ROAD	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DELTONA FL 32738	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 OF MARY L WALTERS **7/16/01 (386) 775-7707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**BETLEN ASSOCIATES, INC.**

Certified Public Accountants  
Tax, Accounting & Notary Services

27 South U.S. Highway 17-92

DeBary, FL 32713-3172

(407) 668-6353

Attachment  
#P97000031550  
C 607-4815

July 16, 2001

Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: In 2 Hair, Inc.  
FEI Number: 59-3445446

Gentlemen:

Enclosed please find our client's check in the amount of \$150.00 for the 2001 UBR.

This is the first bill received at the new address and we believe the delinquent amount of \$550.00 should be waived.

If you have any questions about the above account, please do not hesitate to call our office between the hours of 9:00 a.m. and 6:00 p.m.

Thank you in advance for your cooperation in this matter.

Very truly yours,



Betty G. Gigantino  
Betlen Associates, Inc.

Cc:File

