

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036435

1. Entity Name

TEAZE ME SALON, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 047 ***150.00

Principal Place of Business

Mailing Address

~~445 STATE ROAD 436 #1021~~
ALTAMONTE SPRINGS FL 32714

~~445 STATE ROAD 436 #1021~~
ALTAMONTE SPRINGS FL 32714-4107

2. Principal Place of Business

409 MONTGOMERY RD. #141

Suite, Apt. #, etc.

3. Mailing Address

409 MONTGOMERY RD. #141

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3433337

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

WADE, MICHAEL K

~~445 STATE ROAD 436 #1021~~
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)
409 MONTGOMERY RD. #141

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

MICHEAL WADE

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	<input type="checkbox"/> Delete
P	WADE, MICHAEL K	445 STATE ROAD 436 #1021	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
DV	WADE, KRISTINA	445 SR 436 SUITE 1021	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		409 MONTGOMERY RD. #141	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

MICHEAL WADE

4/26/00

Date

407-774-8355

Daytime Phone #

CR2E034 (9/99)