

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040393

1. Entity Name

ELSIE'S SHEAR PLEASURE HAIR DESIGN, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90378 048 ***150.00

Principal Place of Business

629 N. OLEANDER AVE.
DAYTONA BEACH FL 32118

Mailing Address

~~629 N. OLEANDER AVE.~~
DAYTONA BEACH FL 32118

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

1607 Ave C

Suite, Apt. #, etc.

Ormond Beach, FL

City & State

City & State

4. FEI Number

59-3449767

Applied For

Not Applicable

Zip

Country

Zip

32174

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOADES, ELSIE
1607 AVE. C
ORMOND BEACH FL 32174

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, 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 TP
NAME RHOADES, ELSIE
STREET ADDRESS 1607 AVE C
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE VPS
NAME STOCKTON, GENE F
STREET ADDRESS 1607 AVE C
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Elsie Rhoades Elsie Rhoades

Date

4-19-01

Daytime Phone #

CR2E034 (10/00)