

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042221

1. Entity Name  
CHEZ BREULT HAIR SALON, INC.

Principal Place of Business  
5995 GULFWINDS DR  
ST PETE FL 33706

Mailing Address  
5995 GULFWINDS DR  
ST PETE FL 33706

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3457347**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BREULT, JUDITH  
254 2ND ST W  
TIERRA VERDE FL 33715

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      **P**       Delete  
NAME      BREULT, JUDITH  
STREET ADDRESS      254 2ND ST WEST  
CITY-ST-ZIP      TIERRA VERDE FL 33715

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      **P.S**       Change       Addition  
NAME      Boyd, Judith Breault  
STREET ADDRESS      200 Madonna Blvd.  
CITY-ST-ZIP      Tierra Verde, FL 33715

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      **V.T**       Change       Addition  
NAME      Boyd, James R.  
STREET ADDRESS      200 Madonna Blvd  
CITY-ST-ZIP      Tierra Verde-FL 33715

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
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:** *Judith Breault Boyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

727-360-4108

Date

Daytime Phone #

CR2E034 (10/00)

0355338