

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046476

1. Entity Name

TRY- ANGLES HAIR SALON ENTERPRISES INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90041 002 ***150.00

Principal Place of Business

1650 #2 HAMILTON ST
JACKSONVILLE FL 32210

Mailing Address

1650 #2 HAMILTON ST
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445188

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

BDH ACCOUNTING
3033 HARTLEY BELL # 2
JACKSONVILLE FL 32257

Name

JAMES WHITED

Street Address (P.O. Box Number is Not Acceptable)

1650 HAMILTON ST #2

City

Jacksonville

FL

Zip Code

32210

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)

James C. Whited Jr. 27 Mar 01
President/owner

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WHITED, JAMES
CITY-ST-ZIP 4278 HERSCHEL STREET
JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS WHITED, JAMES
CITY-ST-ZIP 1650 HAMILTON ST #2
JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Rolf Wilck Jr.
CITY-ST-ZIP 1650 Hamilton St #2
Jax, FL 32210

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
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

owner/President/director 27 Mar 01
904-384-9007

CR2E034 (10/00)