## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000046633

1 BAD KUT HAIR & NAIL SALON, INC.

MATTHEWS, RONALD C

9. This corporation is eligible to satisfy its Intangible

MATTHEWS, RONALD C

Tax filing requirement and elects to do so.

12 NE 1ST ST

OCALA FL 34470

12 NE 1ST ST OCALA FL 34470

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE NAME

CITY-ST-ZIP

Principal Place of Business		Mailing Address 12 NE 1ST ST OCALA FL 34470- <del>6</del> 651			
12 NE 1ST ST OCALA FL 34470					
2.	Principal Place of Business		3. Mailing Address		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
. –	City & State		City & State		

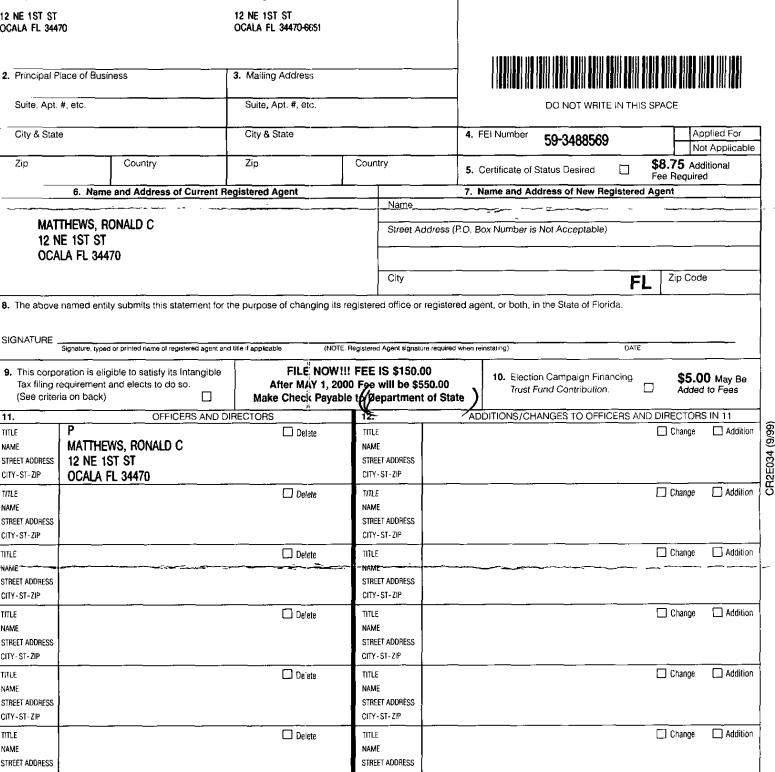
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

## FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90075 033 \*\*\*150.00



13. I hereby certify that the information supplied with this filled 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 of the corporation or the receiver or trustee el changed, or on an attachment with an address ier like empowered.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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NAME STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

DITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #