

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90073 018 \*\*\*150.00

**DOCUMENT # P97000050326**

1. Entity Name  
**LA RENAISSANCE BEAUTY SALON, INC.**

Principal Place of Business  
**230 HIGHWAY 98 EAST  
 DESTIN FL 32541**

Mailing Address  
**230 HIGHWAY 98 EAST  
 DESTIN FL 32541**

00062333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3381927**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**HOLLEY, JAMES  
 230 HIGHWAY 98 EAST  
 DESTIN FL 32541**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PD**  
 NAME **HOLLEY, JAMES**  
 STREET ADDRESS **230 HIGHWAY 98 EAST**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 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 REQUIRED**

**7-28-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

attachment  
D# P9700050326  
[REDACTED]  
B00607333

## City Glass Company

(850) 243-8167  
FAX: 243-8995  
1-800-239-2233

16 S.W. HOLLYWOOD BLVD.  
FT. WALTON BEACH, FL 32548

Auto Glass  
Mobile Service

*Dependable Service Since 1965*

7/28/01

No notice was  
received for the 1st  
request. Please waive  
the penalty and  
find #150 enclosed.

Thank You  
James T. Wolley

ATTACHMENT

P97000050326

att: Fla Department  
Of State

We are sorry about  
the mix up with  
the Check

Thank You for  
Your help in this  
matter  
J. L. Halley,

cc: J. Reynolds