

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90085 019 ***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**

2. Principal Place of Business

535 Hwy 98 East

Suite, Apt. #, etc.

E

3. Mailing Address

535 Hwy 98 East

Suite, Apt. #, etc.

E

City & State

Destin Florida

Zip

32541

Country

Oak

City & State

Destin Florida

Zip

32541

Country

Oak

4. FEI Number

59-3381927

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOLLEY, JAMES

**230 HIGHWAY 98 EAST
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Holley James T

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

535 Hwy 98 East

Suite E

City

Destin

FL

Zip Code

32541

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, 2002 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 **PD** ☐ Delete
 NAME **HOLLEY, JAMES**
 STREET ADDRESS **230 HIGHWAY 98 EAST**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

JAMES T HOLLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Holley, Pres. 4/20/02

Date

Daytime Phone #

CR2E034 (9/01)