

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057142

1. Entity Name

SOLUTIONS HAIR STUDIO, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90150 014 ***150.00

Principal Place of Business

Mailing Address

5468 NORMANDY BLVD.
JACKSONVILLE FL 32205

5468 NORMANDY BLVD.
JACKSONVILLE FL 32205-6245

2. Principal Place of Business

5486 NORMANDY BLVD

Suite, Apt. #, etc.

3. Mailing Address

5486 NORMANDY BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FLA.

City & State

JACKSONVILLE FLA.

4. FEI Number

59-3454846

Applied For

Not Applicable

Zip

32205

Country

FLA

Zip

32205

Country

FLA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUARRELS, STELLA L
7980 OLD PLANK RD
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

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, 2000 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 D
NAME QUARRELS, STELLA L
STREET ADDRESS 7980 OLD PLANK RD
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE
NAME QUARRELS, Roy C. (V.P.)
STREET ADDRESS 7980 Old Plank Rd
CITY-ST-ZIP JAX. FLA 32220 ☐ Delete

TITLE Secretary
NAME Michael Quarrels
STREET ADDRESS 7980 Old Plank Rd
CITY-ST-ZIP JAX. FLA. 32220 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: Stella Quarrels - Stella Quarrels - Director 4/25/2000 904-693-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)