

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057679

1. Entity Name  
BOREN BEAUTY GROUP, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90149 007 \*\*\*550.00

Principal Place of Business  
3402 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL

Mailing Address  
3402 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1414 South Atlantic  
Suite, Apt. #, etc.

3. Mailing Address  
1414 South Atlantic  
Suite, Apt. #, etc.

New Smyrna Beach FL  
City & State

New Smyrna Beach  
City & State

Florida

4. FEI Number 59-3455631

Applied For  
Not Applicable

Zip 32169 Country USA

Zip 32169 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOREN, KELLEY K  
3402 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL

7. Name and Address of New Registered Agent

Name  
Boren, Kelley K  
Street Address (P.O. Box Number is Not Acceptable)

1414 South Atlantic  
City

New Smyrna Beach FL Zip Code 32169

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 *Kelley K. Boren*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-00

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 13, 2000 Min. 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 ☐ Delete  
NAME BOREN, KELLY K  
STREET ADDRESS 3402 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 1414 S.outh Atlantic ave  
CITY-ST-ZIP New Smyrna Beach FL 32169

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

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

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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: *Kelley K. Boren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00  
Date Daytime Phone #

CR2E034 (5/00)