

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90009 047 \*\*\*150.00

**DOCUMENT # P97000060477**

1. Entity Name

**400 BEAUTY, INC.**

Principal Place of Business

**400 MARY MCCLLOUD BETHUNE BLVD  
 DAYTONA BEACH FL 32114**

Mailing Address

**400 MARY MCCLLOUD BETHUNE BLVD  
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

**400 Beauty Saco**  
 Suite, Apt. #, etc.

3. Mailing Address

**400 Mary McCloud Blvd.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**DAYTONA Bch, FLA**

City & State

4. FEI Number

**59-3464517**

Applied For

Not Applicable

Zip

**32114**

Country

Zip

Country

**Volusia**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOTEN, KIM S**

**400 MARY MCCLLOUD BETHUNE BLVD  
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

**Kim S. MOTEN**

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

**132 SANDALWOOD CT  
 400 MARY MCCLLOUD BLVD.**

City

**DAYTONA Bch, FL 32114**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 **PT** ☐ Delete  
 NAME **MOTEN, KIM S**  
 STREET ADDRESS **400 MARY MCCLLOUD BETHUNE BLVD**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VS** ☐ Delete  
 NAME **WILLIAMS, OPHELIA**  
 STREET ADDRESS **400 MARY MCCLLOUD BETHUNE BLVD**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 871251  
P9700006047 8/4/02

Dear Sir

I am writing this letter  
to inform you that during  
the time you mailed the  
first notice, I was out  
of the salon for an illness.  
I do not remember receiving  
it.

X Ntates