

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90288 016 ***150.00

DOCUMENT # P97000062221

1. Entity Name

DAUGHTERS OF SARAH BEAUTY & BARBER SALON & SUPPL

Principal Place of Business

630 9TH AVE. W.
BRADENTON FL 34205

Mailing Address

1831 13TH AVE E #221
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

1510 18th St East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1510

City & State

City & State

Bradenton

Zip

Country

Zip

Country

34208

US

4. FEI Number

65-0767519

Applied For

☒ Not Applicable

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

LEE, RICHARD V
240 N WASHINGTON BLVD
SUITE 200
SARASOTA FL 34236

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DAPHNEY	
STREET ADDRESS	1831 13TH AVE E #221	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, JOHNNY	
STREET ADDRESS	1831 13TH AVE E #221	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACKEY, EBONY	
STREET ADDRESS	183113 AVE. E. #221	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daphney Barnes	
STREET ADDRESS	1510 18th St East	
CITY-ST-ZIP	Bradenton FL 34208	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes Johnny	
STREET ADDRESS	1510 18th St East	
CITY-ST-ZIP	Bradenton FL 34208	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mackey Ebony	
STREET ADDRESS	1510 18th St East	
CITY-ST-ZIP	Bradenton FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barnes, Daphney S. Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 747-0242

CR2E034 (10/00)