

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90039 024 ***150.00

DOCUMENT # 797000072925
Entity Name
Bon Jour Hair Fashions INC

Principal Place of Business Mailing Address
31 W. TARPON AVE SAME
TARPON SPRINGS FL. 34689

80085198

Principal Place of Business 31 W. TARPON AVE
Suite, Apt. #, etc.
City & State TARPON SPRINGS FL.
Zip 34689 Country Pinellas
3. Mailing Address SAME
Suite, Apt. #, etc.
City & State SAME
Zip Country

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAMES K. CLARK
1809 ROUTE LN.
HOLIDAY FL. 34691

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is not acceptable)
City FL Zip Code

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 James K. Clark DATE 4-25-00
(NOTE: Registered Agent signature required when reinstating)

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
President	JAMES K. CLARK	1809 ROUTE LN. HOLIDAY FL. 34691			
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

3. 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 K. Clark DATE 4-25-00 (727) 465-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR