

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000075248**

1. Entity Name

**PLAZA HAIR, INC.****FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90002 025 \*\*\*150.00

Principal Place of Business

13721 WALSHINGHAM ROAD  
LARGO FL 33774

Mailing Address

13721 WALSHINGHAM ROAD  
LARGO FL 33774

A0073525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3466489

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ST. AMANT, A. PAUL

12323 145 LANE N.

LARGO FL 33774

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

Taxing 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	PD	<input type="checkbox"/> Delete
NAME	ST. AMANT, A. PAUL	
STREET ADDRESS	12323 145TH LANE N.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THIBODEAU, HENRY R	
STREET ADDRESS	12323 145TH AVE N.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAPINEAU, RAYMOND	
STREET ADDRESS	11510 94TH ST	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERS, LAUR	
STREET ADDRESS	12481 104TH AVE. N.	
CITY-ST-ZIP	LARGO FL 33772	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)