

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90055 043 ***158.75

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1. Entity Name

SCISSORLAND PROFESSIONAL GROOMING, INC.



Principal Place of Business

**13984 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635**

Mailing Address

**13984 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3473362

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAASE, JILL
13984 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name
Karen Thompson

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

12424 Pepperfield Dr.

City
Tampa,

FL

Zip Code
33624

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)

3/3/2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **HAASE, JILL**
STREET ADDRESS **825 PINE ST**
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE **D** ☒ Delete
NAME **LAWRENCE, CARBEE R**
STREET ADDRESS **3745 QUAIL FOREST DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Karen Thompson**
STREET ADDRESS **12424 Pepperfield Dr.**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Gina Helmbrecht**
STREET ADDRESS **250 Pinewinds Blvd.**
CITY-ST-ZIP **Oldsmar, FL 34677**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2003
Date

813 855-3647
Daytime Phone #

CR2E034 (10/02)