

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90256 007 \*\*\*150.00

DOCUMENT # **P97000106929**

1. Entity Name  
**UTOPIA HAIR SALON, INC.**



Principal Place of Business  
**1506 4TH STREET NORTH  
ST. PETERSBURG FL 33704**

Mailing Address  
**1506 4TH STREET NORTH  
ST. PETERSBURG FL 33704**

2. Principal Place of Business  
**3030 9TH ST N.**

3. Mailing Address  
**3030 9TH ST N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number **59-3487786**

Applied For  
Not Applicable

Zip Country  
**33704 PINELLAS**

Zip Country  
**33704 PINELLAS**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**FRANZESE, PATTI  
5976 33RD AVENUE  
ST. PETERSBURG FL 33710**

## 7. Name and Address of New Registered Agent

Name **FRANZESE, PATTI**  
Street Address (P.O. Box Number is Not Acceptable)  
**4934 14TH AVE N.**  
City **ST. PETERSBURG** FL Zip Code **33710**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 **P** ☐ Delete  
NAME **FRANZESE, PATTI**  
STREET ADDRESS **5976 33RD AVENUE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **VPT** ☐ Delete  
NAME **FRANZESE, PAUL**  
STREET ADDRESS **5976 33RD AVENUE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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 ☐ 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

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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

**4-24-03**

Date

**727-896-2378**

Daytime Phone #

CR2E034 (10/02)