

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90774 008 ***150.00

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DOCUMENT # P98000011449

1. Entity Name
CHIC AND SASSY HAIR DESIGN AND NAILS, INC.



Principal Place of Business
6900 SILVER STAR RD.,STE.114
ORLANDO FL 32811

Mailing Address
6900 SILVER STAR RD.,STE.114
ORLANDO FL 32811

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 **59-3491701**

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

AGBON-TAEN, GWEN
563 MARTIN PLACE BLVD.
APOPKA FL 32712

Name **AGBON-TAEN GWEN**

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

6900 SILVER STAR RD #114

City **ORLANDO**

FL

Zip Code **32811**

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 *Gwen Agbon-Taen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **AGBON-TAEN, GWEN**
STREET ADDRESS **563 MARTIN PLACE BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Change ☐ Addition
NAME **AGBON-TAEN GWEN**
STREET ADDRESS **6900 SILVER STAR RD #114**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☒ Delete
NAME **AGBON-TAEN, VINCE**
STREET ADDRESS **563 MARTIN PLACE BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Change ☐ Addition
NAME **AGBON-TAEN VINCE**
STREET ADDRESS **6900 SILVER STAR RD #114**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Gwen Agbon-Taen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)