

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017293

1. Entity Name

GROOMING BY HOLLY, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90138 018 ***150.00

Principal Place of Business

Mailing Address

~~323 N. FEDERAL HIGHWAY #F~~
~~BOYNTON BEACH FL 33435~~

~~323 N. FEDERAL HIGHWAY #F~~
~~BOYNTON BEACH FL 33435-5052~~

2. Principal Place of Business

3. Mailing Address

640 E Olean Ave

640 E Olean Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach

City & State
Boynton Beach

4. FEI Number 65-0812243

Applied For
Not Applicable

Zip 33435 Country Palm B

Zip 33435 Country Palm Beach

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

BALASIS, HOLLY
323 N. FEDERAL HIGHWAY #F
BOYNTON BEACH FL 33435

Name BALASIS, HOLLY
Street Address (P.O. Box Number is Not Acceptable)
640 E Olean Ave #5
City Boynton Beach FL Zip Code 33435

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 X Holly M. Balasis 1/8/000
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 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BALASIS, HOLLY STREET ADDRESS 323 N. FEDERAL HIGHWAY #F CITY-STATE-ZIP BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete	TITLE BALASIS, HOLLY NAME STREET ADDRESS 640 E Olean Ave #5 CITY-STATE-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Holly M. Balasis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)