

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018443

1. Entity Name

BETTY JONES SPA & SALON, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90138 011 \*\*\*150.00

Principal Place of Business

Mailing Address

~~PLAZA CENTRAL BUILDING~~  
~~25 SECOND ST NORTH, SUITE #160~~  
~~ST PETERSBURG FL 33701~~

PLAZA CENTRAL BUILDING  
25 SECOND ST NORTH, SUITE #160  
ST PETERSBURG FL 33701-3362

2. Principal Place of Business

6731 30th St So.

3. Mailing Address

6731 30th St So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3495393

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

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

JONES, HAROLD

HBJ INVESTMENTS & MGMT, INC

~~25 SECOND ST NORTH, SUITE #160~~

~~ST PETERSBURG FL 33701~~

Name

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

6731 30th St So.

City

St. Petersburg

FL

Zip Code

33712

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

Harold Jones

4-26-00

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	P	<input type="checkbox"/> Delete
NAME	SHEFFIELD, GARY A	
STREET ADDRESS	25 2ND ST N STE 160	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, BETTY	
STREET ADDRESS	25 2ND ST N STE 160	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, HAROLD	
STREET ADDRESS	25 2ND ST N STE 160	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St So.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St So.	
CITY-ST-ZIP	St Petersburg, FL 33712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St So.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Jones

Secretary/Treasurer

Date

Daytime Phone #

4-26-00

CR2E034 (9/99)