

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026420

1. Entity Name

HAIR ON EARTH, INC.

Principal Place of Business

119 S MONROE STREET
TALLAHASSEE FL 32301

Mailing Address

8738 BELARADO COURT
TALLAHASSEE FL 32311-3412

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

119 S. MONROE ST

TALLAHASSEE FL

32301

USA

6. Name and Address of Current Registered Agent

BISHOP, KATHLEEN M
8738 BELARADO COURT
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **P** ☐ Delete
NAME **BISHOP, KATHLEEN M**
STREET ADDRESS **8738 BELARADO CT**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **HARRY ROBERT BISHOP JR.**
STREET ADDRESS **8738 BELARADO CT.**
CITY-ST-ZIP **TALLAHASSEE FL. 32311**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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CITY-ST-ZIP **---**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **HARRY ROBERT BISHOP JR.**
STREET ADDRESS **8738 BELARADO CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

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

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

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CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ 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

4/18/00 (850) 681-7733

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 029 ***150.00



DO NOT WRITE IN THIS SPACE