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CRETARY OF STATE LAHASSEE, FLORIDA DIT WRITE IN THIS SPACE	
00693	Applied For
	Not Applicable
esired \$8.75 Additional Fee Required	
New Registered Agent	

P98000026523 DOCUMENT # 1. Entity Name ANGLZ HAIR & NAIL STUDIO, INC. 01 Principal Place of Business Mailing Address 2820 S WASHINGTON AVE 2820 S WASHINGTON AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NO City & State City & State 4. FEI Number 59-35 Zip Country Country 5. Certificate of Status De 7. Name and Address of 6. Name and Address of Current Registered Agent JENNINGS, LINDA 3590 BELLE ARBOR CIR TITUSVILLE FL 32780 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 800004535778--9 SIGNATURE -08/15/01₆₅₇₀1020---007-- Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ****150.00 ****150.00 FILE NOW!!! FEE IS \$550.00 / 50 99 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change . ☐ Addition TITLE ☐ Delete TITLE JENNINGS, LINDA I. JENNINGS, LINDA NAME NAME 3965 BRAMBLEWOOD LN. 3590 BELLE ARBOR CIR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE Delete TITLE Change Addition BARHAM, MUNA NAME BARHAM, MONA 4562 HELENA OR STREET ADDRESS 4562 HELENA DR STREET ADDRESS Tilusville FC 32.780-CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE Change **Addition** ☐ Delete TITLE CHANDLER, DAVID NAME NAME 3965 BRAMBLEWOOD LN. STREET ADDRESS STREET ADDRESS Thusville FL 31780 CITY-ST-ZIP CITY-ST-ZIP TITLE [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURI

AnglZ Hair and Nail Studio, Inc.
3820 South Washington Avenue
Titusville, FL 32780

19 July 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee FL 32302-1500

The purpose of this letter is to ask relief from the \$400.00 penalty imposed because the Uniform Business Report was not filed before 01 May 2001.

This report was not filed in a timely manner because the person physically managing the business destroyed records, embezzled money, and did not pay expenses related to the business as directed and authorized. That individual is being prosecuted and I am in the process of trying to undo all the damage that has been done to the business.

In addition, the \$550.00 fee that is imposed due to late filing is a hardship because the annual profit on the last tax return was only \$600.00. This fee is an amount almost equal to those annual earnings of this small business.

I would appreciate any consideration that the State of Florida might grant me in this unusual circumstance.

Enclosed is my check for the annual fee of \$150.00.

Sincerely,

Linda I. Jennings

President