

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90203 003 ***150.00

DOCUMENT # P98000026523

1. Entity Name

ANGLZ HAIR & NAIL STUDIO, INC.

Principal Place of Business

**2820 S WASHINGTON AVE
 TITUSVILLE FL 32780**

Mailing Address

**2820 S WASHINGTON AVE
 TITUSVILLE FL 32780**

2. Principal Place of Business

3820 S. Washington Ave
 Suite, Apt. #, etc.

3. Mailing Address

3820 S. Washington Ave
 Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

4. FEI Number

59-3500693

Applied For

Not Applicable

Zip

Country

32780
BREVARD

Zip

Country

32780
BREVARD

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

**JENNINGS, LINDA
 3965 BRAMBLEWOOD LANE
 TITUSVILLE FL 32780**

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, 2002 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** ☐ Delete
 NAME **JENNINGS, LINDA I**
 STREET ADDRESS **3965 BREAMBLEWOOD LN**
 CITY-ST-ZIP **TITUSVILLE FL 32780** **CORRECTION →**

TITLE ☒ Change ☐ Addition
 NAME **3965 Bramblewood LN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **BARHAM, MONA**
 STREET ADDRESS **4562 HELENA DR**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **TD** ☐ Delete
 NAME **CHANDLER, DAVIN**
 STREET ADDRESS **3965 BRAMBLEWOOD LN**
 CITY-ST-ZIP **TITUSVILLE FL 32780** **CORRECTION →**

TITLE ☒ Change ☐ Addition
 NAME **CHANDLER, DAVIN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

LINDA I. JENNINGS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-02

321-268-3447

Date

Daytime Phone #

CR2E034 (9/01)