

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90159 049 ***150.00

DOCUMENT # P98000027397

1. Entity Name

1001 HAIR STUDIO, INC.

Principal Place of Business

**1001 SW 2ND AVE.
 BOCA RATON FL 33432**

Mailing Address

**1001 SW 2ND AVE.
 BOCA RATON FL 33432**

New mailing address

2. Principal Place of Business

**1001 SW 2ND AVE.
 Suite, Apt. #, etc.
 Boca Raton FL
 City & State**

3. Mailing Address

**367 S. Federal Hwy
 Suite, Apt. #, etc.
 307-B
 Deerfield Bch FL
 City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, LANNY L
 1201 NW 40TH ST.
 POMPAHO BEACH FL 33064**

**367 S. Federal Hwy 307-B
 Deerfield Bch, FL
 33441**

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, 2001 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 | DPS | <input type="checkbox"/> Delete |
| NAME | ROSS, LANNY L | |
| STREET ADDRESS | 1201 NW 40TH ST. | |
| CITY-ST-ZIP | POMPAHO BEACH FL 33064 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DRAKE, DOUGLAS R. | |
| STREET ADDRESS | 1201 NW 40TH STREET | |
| CITY-ST-ZIP | POMPAHO BEACH FL 33064 | |
| 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 type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 367 S. Federal Hwy. 307-B | |
| CITY-ST-ZIP | Deerfield Bch FL 33441 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 367 S. Federal Hwy. 307-B | |
| CITY-ST-ZIP | Deerfield Bch FL 33441 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| 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

Daytime Phone #

CR2E034 (10/00)