FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 20, 2001 8:00 am Secretary of State DOCUMENT # **P98000027882** NOY'S HAIR & NAIL SALON, INC. 04-20-2001 90197 006 \*\*\*150.00 Principal Place of Business Mailing Address 118 S THOMPSON STREET 118 S THOMPSON STREET STARK FL 32091 **STARK FL 32091** 80032395 US US 2. Principal Place of Business 3. Mailing Address 234 N. Cherry DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3509197 Harke Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRINGTON, JARUWAN S 118 S THOMPSON STREET **STARK FL 32091** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE ☐ Addition CR2E034 (10/00 TITLE □ Delete HARRINGTON, JORUWAN MAME NAME STREET ADDRESS STREET ADDRESS 734 N CHERRY STREET CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ے Delete میں TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 PRINCE MAME OF SIGNATURE OF DIRECTOR

4-15-01

(904)964-6970