

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90047 001 \*\*\*150.00

**DOCUMENT # P98000031956**

1. Entity Name  
**FONTENELE HAIR DESIGNERS INC.**

Principal Place of Business Mailing Address  
~~4500 REDWOOD DRIVE FT. PIERCE FL 34951~~ **2303 N US 1 Ft Pierce FL 34946**  
~~4500 REDWOOD DRIVE FT. PIERCE FL 34951~~ **2303 N US 1 Ft Pierce FL 34946**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <del>NOT APPLICABLE</del> <b>65-0827653</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name <b>Louise Heardon</b> Street Address (P.O. Box Number is Not Acceptable) <b>4712 Seagrape Dr</b> City <b>Ft Pierce</b> FL Zip Code <b>34982</b>			

6. Name and Address of Current Registered Agent  
~~NORTH, KATHRYN F~~  
~~4500 REDWOOD DRIVE FT. PIERCE FL 34951~~

7. Name and Address of New Registered Agent  
 Name **Louise Heardon**  
 Street Address (P.O. Box Number is Not Acceptable) **4712 Seagrape Dr**  
 City **Ft Pierce** FL Zip Code **34982**

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 *Louise Heardon* x 1/10/01  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORTH, KATHRYN F</b> <b>4500 REDWOOD DRIVE</b> <b>FT. PIERCE FL 34951</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Louise Heardon</b> <b>4712 SEAGRAPE DR</b> <b>FT PIERCE FL 34982</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louise Heardon* 1/10/01 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0561886

CR2E034 (10/00)