

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90420 014 ***150.00

0550551 AV

DOCUMENT # **P98000031956**

1. Entity Name
FONTENELE HAIR DESIGNERS INC.
DBA TALK of the TOWN

Principal Place of Business Mailing Address
~~2300 N US 1~~ **1855 n. us 1** ~~2302 N US 1~~ **1855 n. us 1**
~~FORT PIERCE FL 34940~~ **Fort Pierce, FL 34946** ~~FORT PIERCE FL 34940~~ **Fort Pierce, FL 34946**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1855 n. us 1**
 Suite, Apt. #, etc. **4th. Pierce**
 City & State **FL**

3. Mailing Address **1855 n. us 1**
 Suite, Apt. #, etc. **4th. Pierce**
 City & State **FL**

4. FEI Number **65-0827653** Applied For
 Not Applicable

Zip Country **34946 St. Lucie** Zip Country **34946 St. Lucie**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HERNDON, LOUISE
4712 SEAGRAPE DRIVE
FORT PIERCE FL 34982

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D HERNDON, LOUISE	4712 SEAGRAPE DRIVE	FORT PIERCE FL 34982	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 HERNDON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **772-4646333**
 Date Daytime Phone #

CR2E034 (9/01)