

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91165 025 ***150.00

DOCUMENT # P98000034881

1. Entity Name

A PRECIOUS TOUCH HAIR SALON INC.

Principal Place of Business

2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713

771076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number

59-3504690

Applied For

Not Applied

Zip

Country

Zip

Country

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

**MOORE, TAMMY L
2044 2ND AVENUE NORTH
ST. PETERSBURG FL 33713**

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: If registered agent signature required when registering)

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	D	☐ Delete
NAME	MOORE, TAMMY L	
STREET ADDRESS	2044 2ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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 110.07(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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Tammy Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2001 **771076**
821-4467
Date
Business Phone

Attachment
P98000034881
771076

A PRECIOUS TOUCH HAIR SALON INC.
2044 2ND AVENUE N
ST. PETERSBURG, FL 33713

727-321-8146 Office

727-321-7617 Fax

May 1, 2001

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter to notify you that I have lost the original report. I am mailing a copy of the report.

Have any question please call at the above number.

Thank You,

Tammy Moore

