2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046297 1. Entity Name

HAIR TECHNOLOGY OF JACKSONVILLE, INC.



FILED Aug 16, 2000 8:00 am Secretary of State

Principal Place of Business Mailing Address 1897 DAFFORE RORTH JACKSONNILE R. 2279 2. Principal Place of Business AVE 12 Days 1 A 60 2. Principal Place of Business AVE 12 Days 1 A 60 3. Mailing Address 4. FB Number 5. Septomation 5. Septomation 5. None Address 6. None			,		'	08-16-2000 900	002 020 ***1	150.00	
ACCOMPLE F1 32247 ACCOMPLE F1 32245 APPROPRIED FIDE OF SUSTAINS APPROPRIED F1	Principal Place	e of Business	Mailing Address						
Acceptable Compared to the purpose of changing as registered algorit, or born, in the State of Fonda. Signaturation of State Compared to Present Address Compared to Present Add)				
And Technology of this Face Solid, Aut is entired. S	JACKSONVILLE FL 32077				}	מעון אין אין אין אין אין אין אין אין אין אי	1072		
SUILS, Apt. F. Inc. OF COMPANY FLOW SUILS, Apt. F. Inc. OF COMPANY									
Suite, April # 600 City & State City & FL City City City & FL City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City					1	[ii da iii dibib di iid i	# 010 (0 111) 100) 100)	
City & State City & State Country Co	Suite, Apt.	#, etc.		a El		DO NOT WRITE II	N THIS SPACE		
2/p 33			City & State	<u>e11</u>	4.	FEI Number 59-3509581			
6. Name and Address of Current Registered Agent 1. LEGGETT, JULIA A Signaturisher or orface name of impatrent algorithm of market files (Posterian and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS 1. OR OFFICERS AND DIRECTORS 1. OFFICERS AN		Country	7io	Ceuntry	<u> </u> -		\$9.75	···	
LEGETT, JULIA A 11967 DAFFODIL CIRCLE NORTH JACKSONVILLE FL 32245 City FL Zip Code			32277				Fee Re	'	
Sirear Address (P.D. Box Northers in No. Auctorplants)		6. Name and Address of Current F	Registered Agent	Name	7. (Name and Address of New Regi	stered Agent		
11967 DAFFODIL CIRCLE NORTH JACKSONVILLE FL 32245 City FL Zip Code			Street Ar	Street Address (P.O. Boy Number is Not Acceptable)					
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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Election Campaign Financing Addition Campaign Financing Trust Fund Contribution. Make Street Agents					Officer Address (1.0. Dox Number is 100 Acceptable)				
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 9. This corporation is eligible to satisfy its intangible Tax fitting requirement and elects to do so. After SEPTEMBER-13, 2000 Min, will be \$750.00 Tox fitting requirement and elects to do so. After SEPTEMBER-13, 2000 Min, will be \$750.00 Tox fitting requirement and elects to do so. After SEPTEMBER-13, 2000 Min, will be \$750.00 Tox fitting for both pack Tox fitting for both pack	JAC	NOUNVILLE PL 32240					- 		
SIGNATURE 9. This corporation is eligible to satisfy its intangible fashing requirement and elocits to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS 19. EleGGETT, JULIA A STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS OFFICER				City			FL Zip	Code	
9. This corporation is eligible to satisfy its Intanglies (See criteria on back) (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTERMENTATIONESS OFFICERS AND DIRECTORS IN 11 TITLE DP LEGGETT, JULIA A 11987 DAFFODIL CIRCLE NORTH JACKSONVILLE FL 32245 TITLE DS ITTLE	8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	ent, or both, in the State of Florida	a.		
9. This corporation is eligible to satisfy its Intangible (asking the price in applicable). PILLE OWN III FEEL IS \$5.0.0 on (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE OP LEGGETT, JULIA A 11987 DAFFODIL CIRCLE NORTH JACKSONVILLE FL 32245 TITLE DS OBJECT ORGES STORY STREET ADDRESS OITY-ST-ZIP NAME LEGGETT, ALFRED JR 119867 DAFFODIL CIRCLE NORTH JACKSONVILLE FL 32245 TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE OBS OITY-ST-ZIP TITLE OBS OITY-ST-ZIP TITLE OBS OITY-ST-ZIP TITLE OBS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-Z	CICNATURE								
Tax filing requirement and elects to do so (See criteria on back) After SEPTEMBER-13, 2000 Min, will be \$750.00 Make Check Payable to Department of State Title OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 11967 DAFFODIL CIRCLE NORTH JACKSONVILLE FI 32245 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STR	SIGNATURE -	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: i	Registered Agent signatu	re required when re	einstating)	DATE		
Make Check Payable to Department of State Make Check Payable to Department of State		· · · · · · · · · · · · · · · · · · ·	•						
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		·				Trust Fund Contribution.	Δ	dded to Fees	
TITLE NAME LEGGETT, ALFRED JR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST	11.			1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		_ .	☐ Delete		RADC	Leggett Hi	Cha	inge Addition	
TITLE NAME LEGGETT, ALFRED JR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST	Street address	11967 DAFFODIL CIRCLE NORT	H		3841	Abbey Rield LN	~ ~		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Poloto		UNCHE	Somuille F1 300	☐ Cha	ange	
CITY-ST-ZIP			CT Detele		regge	At there or		iligo 🗀 i ioomon	
TITLE			H		3241	Abboy Field LA	27]		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete		JACKSONVILLE PL 32245	☐ Delete		UNCI	Bello, HEFT OA		ange	
CITY-ST-ZIP TITLE Delete	NAME				1			ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	THTLE		☐ Delete	TITLE			☐ Cha	ange 🔲 Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME NAME NAME Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete				Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition	/ -==			· # ^ 1					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP						·		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1		☐ Delete				☐ Cha	inge L Addition	
				STREET ADDRESS					
		alf al Alba i fame was a second of the	this filling doop not availed to		od in Castica	110 07/3Vi) Florido Statutos Litu	ther certify that	the information	

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 for 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 ampowered.

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL

8-3-00

atlackment P9800046297 AW73072

To: Department of States Division of Corporations -

From Hair Technology of JACKsonville

First recieved this notice for Renewal - We moved to a new location in June of 1999. I did not recieve the First notice, So I called the department and they told me to just write a letter; also give new address an send in 15000 For propor payment. Thunk you so much Julia A. Leggett and Tacksmulle FI

For: Hair Technology of Jax 3227)
TNCYOODS Merrille ADI
JACKSmulle F132277