

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047233

1. Entity Name

YOUcantan BEAUTY SALON, INCORPORATED

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90001 042 ***158.75

Principal Place of Business

Mailing Address

1425 TUSKAWILLA RD.,STE.153
WINTER SPRINGS FL 32708

1425 TUSKAWILLA RD.,STE.153
WINTER SPRINGS FL 32708-5288

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511386

Applied For

Not Applicable

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

NGUYEN, JOE

1425 TUSKAWILLA RD.,STE.153
WINTER SPRINGS FL 32708

Name

R.G. MILLER

Street Address (P.O. Box Number is Not Acceptable)

1425 TUSKAWILLA RD., SUITE # 153

City

WINTER SPRINGS

FL

Zip Code

32708

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

2-7-00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT	
STREET ADDRESS	1425 TUSKAWILLA RD.,STE.153	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL L. MILLER
STREET ADDRESS	1425 TUSKAWILLA RD., SUITE # 153
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE E. MILLER
STREET ADDRESS	1425 TUSKAWILLA RD., SUITE # 153
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

407-696-8267

Daytime Phone #

CR2E034 (9/99)