

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049405

1. Entity Name

COLOURATIONS HAIR STUDIO, INC.

FILED 07-19-2000 90016 026 ***150.00
P98000049405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

19941 GULF BLVD. #E
INDIAN SHORES FL 33785

19941 GULF BLVD. #E
INDIAN SHORES FL 33785-2447

2. Principal Place of Business

3. Mailing Address

HASTINGS & ASSOCIATES, P.A.
2207 54TH ST S
GULFPORT, FL 33707

HASTINGS & ASSOCIATES, P.A.
2207 54TH ST S
GULFPORT, FL 33707

City & State

City & State

4. FEI Number 59-3513106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Des red ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, DAVID C
19941 GULF BLVD. #E
INDIAN SHORES FL 33785

Name David C Hastings
Street Address (P.O. Box Number is Not Acceptable)

HASTINGS & ASSOCIATES, P.A.
2207 54TH ST S
GULFPORT, FL 33707

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 to whom 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME LANG, SUSAN C
STREET ADDRESS 10041 GULF BLVD. #E
CITY-ST-ZIP INDIAN SHORES FL 33785 ☐ Delete

TITLE
NAME HASTINGS & ASSOCIATES, P.A.
STREET ADDRESS 2207 54TH ST S
CITY-ST-ZIP GULFPORT, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Susan C Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 727 243-0798
Date Daytime Phone #

SP