

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 042 ***150.00

DOCUMENT # **P98000062804**

1. Entity Name

Klip-soII Styling Salon

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Merritt Island

3. Mailing Address

2275N. Courtenay Pkwy.

Suite, Apt. #, etc.

Suite #9

Suite, Apt. #, etc.

City & State

Merritt Island Fla.

City & State

4. FEI Number

59-3532145

Applied For

Not Applicable

Zip

32953

Country

BREVARD

Zip

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Deborah Darrin

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

455 Patrick Ave.

City

Merritt Island

FL

Zip Code

32953

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P=Deborah Darrin
455 Patrick Ave.
M.I. Fla. 32953**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Deborah Darrin Deborah Darrin 4/23/02 321-449-9499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)