

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90396 034 \*\*\*158.75

0348333

**DOCUMENT # P98000071280**

1. Entity Name

**UNIQUE CUTS & STYLES, INC.**

Principal Place of Business

8802 ROCKY CREEK DR  
 2  
 TAMPA FL 33615

Mailing Address

8802 ROCKY CREEK DR  
 2  
 TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

11266 W. HILLSBOROUGH AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 221

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33635 HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526961

Applied For  
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HADD, JOYCE D  
 4815 PLANTATION DR.  
 TAMPA FL 33615

7. Name and Address of New Registered Agent

Name **Bill McGURK**  
 Street Address (P.O. Box Number is Not Acceptable)  
 11266 W. HILLSBOROUGH AV #221  
 TAMPA FL 33635

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HADD, JOYCE D	
STREET ADDRESS	8802 ROCKY CREEK DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CORDELL, DONNA H	
STREET ADDRESS	8802 ROCKY CREEK DR	
CITY-ST-ZIP	TAMPA FL 33615	
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 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	PRESIDENT/TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MCGURK	
STREET ADDRESS	11266 W. HILLSBOROUGH AV.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	SUITE 221	<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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

813-818-9852

Daytime Phone #

+202

CR2E034 (10/00)