

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071808

1. Entity Name

HAIR BY ASHLEY, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90153 039 \*\*\*150.00

Principal Place of Business

13233 NW 12TH CT.  
SUNRISE FL 33323

Mailing Address

13233 NW 12TH CT.  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, ASHLEY L  
13233 NW 12TH CT.  
SUNRISE FL 33323

Name

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

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 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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**WHITE, ASHLEY L**  
**13233 NW 12TH CT.**  
**SUNRISE FL 33323**

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

TITLE  
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CITY-ST-ZIP  
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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 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

Date

Daytime Phone #

**Astute Tax and Accounting, Inc.**  
5450 Northwest 33rd Avenue  
Suite 111  
Fort Lauderdale, Florida 33309

Attachment  
P98000071808  
DWB102  
(954) 484-1950  
Fax (954) 484-1199

JULY 13, 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

RE: HAIR BY ASHLEY, INC.  
EI# 65-0861844

GENTLEMEN:

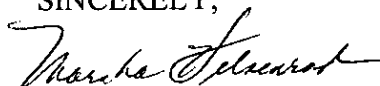
ENCLOSED IS A CHECK FOR \$150.00, FOR THE 2000 UNIFORM BUSINESS REPORT THAT WAS DUE ON MAY 1, 2000.

OUR CLIENT NEVER RECEIVED THE FIRST BOOKLET AND WAS UNAWARE THAT THIS WAS DUE.

WE RESPECTFULLY REQUEST THAT YOU WAIVE THE PENALTY CHARGE OF \$400.00.

THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION IN THIS MATTER.

SINCERELY,



ASTUTE TAX & ACCOUNTING, INC.  
MARSHA HILSENRAD  
OFFICE MANAGER