2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000076406**

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ATTITUDES, INC. A SALON

MASSEY, ALANA B

ROUTE 1 BOX 590 **PERRY FL 32347**

9. This corporation is eligible to satisfy its Intangible

MASSEY, ALANA B

RT 1 BOX 590

PERRY FL 32347

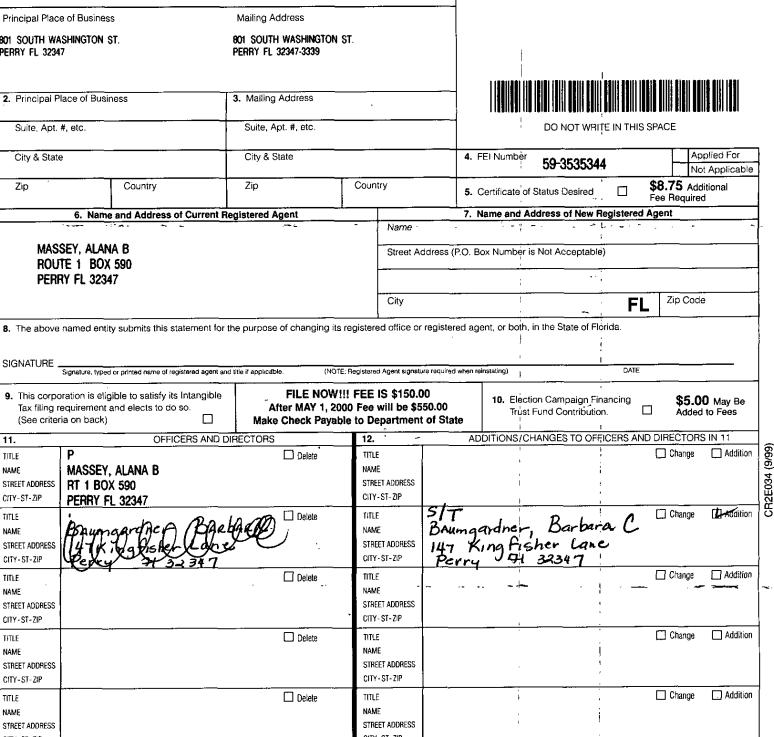
Tax filing requirement and elects to do so

(See criteria on back)

Principal Place of Business Mailing Address 801 SOUTH WASHINGTON ST. 801 SOUTH WASHINGTON ST. PERRY FL 32347-3339 PERRY FL 32347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90024 038 ***150.00



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.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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NAME

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NAME STREET ADDRESS

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Name

☐ Change

☐ Addition