

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082936

1. Entity Name

CHANGES FAMILY HAIR CARE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 049 ***150.00

Principal Place of Business

Mailing Address

10771 BEACH BLVD STE 202
JACKSONVILLE FL 32246

10771 BEACH BLVD STE 202
JACKSONVILLE FL 32246-3641

2. Principal Place of Business

10771 BEACH BLVD #202

3. Mailing Address

10771 BEACH BLVD #202

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Jax. Fl.

City & State

Jax. Fl.

Zip

32246

Country

Duval

Zip

32246

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3543112

Applied For

Not Applicable

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

SMOKE, TONYA L
10771 BEACH BLVD STE 202
JACKSONVILLE FL 32246

Name

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

City

J

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 \$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 ☐ Delete
NAME D
STREET ADDRESS SMOKE, TONYA
CITY-ST-ZIP 10771 BEACH BLVD STE 202
JACKSONVILLE FL 32246

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Tonya L. Smoke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (904) 645-0020
Date Daytime Phone #