

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085167

1. Entity Name

THE STRAND EUROPEAN HAIR DESIGN, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90114 017 ***155.00

Principal Place of Business

Mailing Address

5009 GULF BLVD
ST PETERSBURG BEACH FL 33706

5009 GULF BLVD
ST PETERSBURG BEACH FL 33706-2423

2. Principal Place of Business

7133 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

7133 GULF BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST PETERS BEACH FL

City & State
ST PETERS BEACH FL

4. FEI Number 59-2736860

Applied For

Not Applicable

Zip
33706

Country
USA

Zip
33706

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, STEPHEN R
5009 GULF BLVD
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name
THE STRAND EUROPEAN HAIR DESIGN

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

7133 GULF BLVD

City
ST PETERS BEACH

FL

Zip Code
33706

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.

STEPHEN ATKINS (PRESIDENT)

3-27-00

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ? ALKINSW, STEPHEN 5009 GULF BLVD SAINT PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN ATKINS 7133 GULF BLVD ST PETERS BEACH FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)