

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90104 017 ***150.00

DOCUMENT # P98000087884

1. Entity Name

STUDIO OF DISCIPLINE HAIR SALON INC.

Principal Place of Business

STUDIO OF DISCIPLINE HAIR SALON INC.
4981 W. COLONIAL DR
ORLANDO FL 32808
US

Mailing Address

STUDIO OF DISCIPLINE HAIRLON INC
4981 W. COLONIAL DR
ORLANDO FL 32808
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3374171

Applied For

Not Applicable

Zip

Country

Zip

Entry

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

CHARLES, MAGALIE
5366 REGAL OAK CIRCLE
ORLANDO FL 32810

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!!! FE IS \$150.00**
After May 1, 2002 Fe will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHARLES, MAGALIE**
STREET ADDRESS **5366 REGAL OAK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)