2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P9900003804 MUSTANG SALLY'S OF MARCO, INC. 05-02-2000 90001 019 ***150.00 Principal Place of Business Mailing Address 1952 PARK MEADOWS DR., #2 1952 PARK MEADOWS DR., #2 FT. MYERS FL 33907-3704 FT. MYERS FL 33907 **UVW** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0888455 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTMAN, LARRY Street Address (P.O. Box Number is Not Acceptable) 1952 PARK MEADOWS DR., #2 FT. MYERS FL 33907 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99 ☐ Change Addition TITLE Delete TITLE PITTMAN, LARRY NAME NAME Krystaszek, Henry 1952 PARK MEADOWS DR., #2 STREET ADDRESS STREET ADDRESS 148 Geranium Court CITY-SI-ZIP Marco Island, FL 34135 CITY-ST-ZIP FT. MYERS FL 33907 Change **X** Addition ☐ Delete DILE TITLE NAME Krystaszek, Barbara NAME STREET ADDRESS 148 Geranium Court STREET ADDRESS CITY-ST-ZIP Marco Island, FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliemental 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.