

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90008 042 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** 2990060003804

1. Entity Name

MUSTANG SALLY'S OF MARCO INC.

Principal Place of Business

148 Geranium Court  
Marco Island FL 34145

Mailing Address

6051 Estero Boulevard  
Fort Myers Beach FL 33931

A0074310

2. Principal Place of Business

3. Mailing Address

6051 Estero Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City &amp; State

City &amp; State

Fort Myers Beach FL

4. FEI Number

65-0888455

Applied For

Not Applicable

Zip

Country

Zip

Country

33931

Lee

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Larry Pittman  
6051 Estero Boulevard  
Fort Myers Beach FL 33931

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, type or printed name of registered agent and fee if applicable.

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

APRIL 1, 2001 Fee will be \$150.00

See Mass Check Form 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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | DEP Krystaszek, Henry<br>148 Geranium Court<br>Marco Island, FL 34145  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | DPS Barbara Krystaszek<br>148 Geranium Court<br>Marco Island, FL 34145 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D Larry Pittman<br>6051 Estero Boulevard<br>Fort Myers Beach, FL 33931 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

On the reverse