

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90102 048 ***150.00

DOCUMENT # P99000003804

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**



2. Principal Place of Business
8432 Indian Wells Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State

4. FEI Number **65-0888455**

Applied For
Not Applicable

Zip
34113

Country
USA

Zip

Country

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

**PITTMAN, LARRY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
KRYSTASZEK, HENRY
148 GERANIUM COURT
MARCO ISLAND FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**8432 Indian Wells Way
Naples, FL 34113** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTS
KRYSTASZEK, BARBARA
148 GERANIUM COURT
MARCO ISLAND FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**8432 Indian Wells Way
Naples, FL 34113** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

239-463-2825

Daytime Phone #

CR2E034 (10/02)