

5/26/

FILED

Jun 29, 2000 8:00 am  
Secretary of State

05-26-2000 90085 023 \*\*\*150.00

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017812

Entity Name

BRIGHT MORNINGSTAR BEAUTY SUPPLY INC.

Principal Place of Business

Mailing Address

BOX 2355

PO BOX 2355

FL 34973

OKEECHOBEE FL 34973-2355

Principal Place of Business

3. Mailing Address

P.O. Box 2355

P.O. Box 2355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Okeechobee, FL.

City &amp; State

Okeechobee, FL.

Zip

34973

Country

Okeechobee

Zip

34973

Country

Okeechobee

4. FEI Number

65-091-9412

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TYRONE  
1760 NE 4TH ST-  
OKEECHOBEE FL 34973

7. Name and Address of New Registered Agent

Name

Williams Tyrone

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

1401 N.E. PARK ST

City

Okeechobee

FL

Zip 34973

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ DeleteDirector  
Tyrone Williams  
101 5th Ave. N.W. / P.O. Box 3171  
Okeechobee FL 34973☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

CR2E034 (9/99)

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

Tyrone Williams  
863-763-9419  
4-22-00