

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017812

1. Entity Name
BRIGHT MORNINGSTAR BEAUTY SUPPLY INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90135 036 ***158.75

Principal Place of Business Mailing Address
PO BOX 2355 PO BOX 2355
OKEECHOBEE FL 34973 OKEECHOBEE FL 34973

2. Principal Place of Business 3. Mailing Address
P.O. Box 3171 **P.O. Box 3171**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Okeechobee, FL. **Okeechobee, FL.**
Zip Country Zip Country
34973 **Okeechobee** **34973** **Okeechobee**

6. Name and Address of Current Registered Agent

WILLIAMS, TYRONE
1401 NE PARK ST
OKEECHOBEE FL 34973

4. FEI Number **65-0919412** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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 *Tyrone Williams* **TYRONE WILLIAMS** **3-17-01**
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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLIAMS, TYRONE**
STREET ADDRESS **101 5TH AVE N.W/ P.O. BOX 3171**
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Tyrone Williams* **TYRONE WILLIAMS** **3-17-01** **863-946-6614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)