

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023575

1. Entity Name

THE HAIR & NAIL CO.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90105 023 ***150.00

Principal Place of Business

Mailing Address

7709 EATON COURT NORTH
ST PETERSBURG FL 33709

7709 EATON COURT NORTH
ST PETERSBURG FL 33709-1229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13597 Walsingham Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Harbor, Fla.

City & State

4. FEI Number

59-3563995

Applied For

Not Applicable

Zip

Country

Zip

Country

33774

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2000 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 PTD
NAME SNYDER, FRANCES E
STREET ADDRESS 7709 EATON COURT NORTH
CITY-ST-ZIP ST PETERSBURG FL 33709 ☐ Delete

TITLE SVD
NAME SCHULER, ROXANNE S
STREET ADDRESS 7709 EATON COURT NORTH
CITY-ST-ZIP ST PETERSBURG FL 33709 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES Snyder

Date

01/17/00

(727) 541-1793

Daytime Phone

(727) 596-4542

CR2E034 (9/99)