

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023998

1. Entity Name

NIRVANA FULL SERVICE SALON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90218 034 ***150.00

Principal Place of Business

Mailing Address

9337 RUSTIC PINES BOULEVARD
SEMINOLE FL 33776

9337 RUSTIC PINES BOULEVARD
SEMINOLE FL 33776

11028 4th St N

2. Principal Place of Business

Nirvana Full Service Salon, Inc

3. Mailing Address

11028 4th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

128

128

City & State

City & State

St Petersburg, FL

St Petersburg, FL

Zip

Country

Zip

Country

33716

Pineellas

33716

Pineellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, DELANE

9337 RUSTIC PINES BOULEVARD
SEMINOLE FL 33776

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

Delane D Ward

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WARD, DELANE
STREET ADDRESS 9337 RUSTIC PINES BOULEVARD
CITY-ST-ZIP SEMINOLE FL 33776

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WARD, MICHAEL
STREET ADDRESS 9337 RUSTIC PINES BOULEVARD
CITY-ST-ZIP SEMINOLE FL 33776

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Delane D Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

727-576-8415

Daytime Phone #