

2000 UNIFORM BUSINESS REPORT (UBR)

551

FILED
Aug 08, 2000 8:00 am
Secretary of State

05-23-2000 90250 024 ***150.00

DOCUMENT # P99000028426

1. Entity Name

ANETTA C'S HAIR SALON INC.

Principal Place of Business

Mailing Address

3416 W LAMBRIGHT APT 215
 TAMPA FL 33614

3416 W LAMBRIGHT APT 215
 TAMPA FL 33614-4640

2. Principal Place of Business

3. Mailing Address

1002 N. Clark Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, Florida

City & State

4. FEI Number

69-3566845

Applied For

Not Applicable

Zip

33607

Country

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

BALL, ANETTA C

3416 W LAMBRIGHT APT 215
 TAMPA FL 33614

Name

Anetta Ball

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

8209 Almond Pl

City

Tampa

FL

Zip Code

33615

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: Secretary
 NAME: Corretta McAlmond
 STREET ADDRESS: 3324 Castle Rock Cr
 CITY-ST-ZIP: Land O Lakes FL 34639

TITLE: Treasurer
 NAME: Erica Y Bradley
 STREET ADDRESS: 1310 La Placencia No 125
 CITY-ST-ZIP: Tampa FL 33612

TITLE: Vice President
 NAME: James Alan
 STREET ADDRESS: 8209 Almond Pl
 CITY-ST-ZIP: Tampa FL 33615

TITLE: Director
 NAME: Arthur Cornica
 STREET ADDRESS: 3611 McKinley St
 CITY-ST-ZIP: Riverside CA 92506

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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)(b), 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:

Anetta C Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/2000 879-6044
 Date Daytime Phone #