

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90105 028 ***158.75

DOCUMENT # PG9000030357
Entity Name
J & D The Palace Hair & Nail Salon
Principal Place of Business Mailing Address

A0055044

Principal Place of Business
J & D The Palace Hair & Nail
Suite, Apt. #, etc.
6870 Magnolia Pk Circle
City & State
Orlando, FL
Zip
32810
Country
USA

3. Mailing Address
6870 Magnolia Pk
Suite, Apt. #, etc.
Circle
City & State
Orlando, FL
Zip
32810
Country
USA

4. FEI Number
59-3570350
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dwight O'Neal
6870 Magnolia Pointe Circle
Orlando, FL 32810

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
President	Dwight O'Neal	6870 Magnolia Pointe Circle Orlando, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
President	Shanette O'Neal	6870 Magnolia Pk Circle Orlando, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: Dwight O'Neal 4/25/00 (407) 578-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)