

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90015 001 *****8.75
 06-27-2000 90015 002 ***150.00

DOCUMENT # 999000042615
 1. Entity Name
Clarke's Hair Design Inc.

Principal Place of Business Mailing Address
225 S. InGraham Ave. Suite #4

17906

2. Principal Place of Business 225 S. InGraham Ave
 Suite, Apt. #, etc. #4

3. Mailing Address
SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LAkeLand

City & State Fla.

4. FEJ Number 52-2182050
 Applied For
 Not Applicable

Zip 33801 Country POIK Zip 33801 Country USA

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

6. Name and Address of Current Registered Agent
JANICE MOORE
3459 Silvermeadow way
Plant City Fla. 33567

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>JANICE MOORE</u> <u>3459 Silvermeadow way</u> <u>Plant City Fla. 33567</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.

(President) JANICE MOORE
 SIGNATURE: JANICE MOORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-00 863-680-2966
 Date Daytime Phone #

C-2E034 (9/93)

DOC# P99000042615

17906

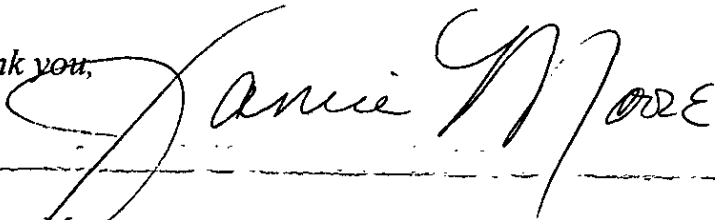
5/16/00

I Janice Moore am writing this letter in reference to me filing my corporation annual fee.

Because my accountant has my corporation information on file and at the present I cannot get in contact with him and all of my correspondence in reference to my corporation is in his hands.

At this time, I am sending in my corporation fees and in if there are any other fees and I am asking if possible could you waive any late fees.

Thank you,

A handwritten signature in cursive script that reads "Janice Moore". The signature is written in dark ink and is positioned above the printed name.

Janice Moore