

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90055 008 ***150.00

DOCUMENT # P9S000044244

1. Entity Name

SCRATCHES HAIR AND NAIL SALON, INC.

Principal Place of Business

Mailing Address

315 SOUTH PARSONS AVE.
BRANDON FL 33511

315 SOUTH PARSONS AVE.
BRANDON FL 33511

2. Principal Place of Business

210 OAKFIELD DR

3. Mailing Address

210 OAKFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3583212

Applied For

Not Applicable

Zip

33511-5707

Country

HILLSBOROUGH

Zip

33511-5707

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THACKER, MYONG
315 SOUTH PARSONS AVE.
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

210 OAKFIELD DR

City

BRANDON

FL

Zip Code

33511-5707

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 WILLIAM K. THACKER II, VP

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, 2001 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 P
NAME THACKER, MYONG H
STREET ADDRESS 315 SOUTH PARSONS AVE.
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE V
NAME THACKER, WILLIAM K II
STREET ADDRESS 315 SOUTH PARSONS AVE.
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE S
NAME THACKER, TANYA L
STREET ADDRESS 315 SOUTH PARSONS AVE.
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE T
NAME THACKER, JENNIFER L
STREET ADDRESS 315 SOUTH PARSONS AVE.
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME THACKER, MYONG H
STREET ADDRESS 210 OAKFIELD DR
CITY-ST-ZIP BRANDON, FL 33511-5707

TITLE V ☒ Change ☐ Addition
NAME THACKER, WILLIAM K II
STREET ADDRESS 210 OAKFIELD DR
CITY-ST-ZIP BRANDON, FL 33511-5707

TITLE S ☒ Change ☐ Addition
NAME THACKER, TANYA L
STREET ADDRESS 210 OAKFIELD DR
CITY-ST-ZIP BRANDON, FL 33511-5707

TITLE T ☒ Change ☐ Addition
NAME THACKER, JENNIFER L
STREET ADDRESS 210 OAKFIELD DR
CITY-ST-ZIP BRANDON, FL 33511-5707

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

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: WILLIAM K. THACKER II, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)