2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045276

1. Entity Name

HAIRTIME SALONS INC.

Principal Place of Business	Mailing Address
P.O. BOX 830161 OCALA FL 34483-0161	P.O. BOX 830161 OCALA FL 34483-0161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7578 SE MAricamp Rd	**3.** Mailing Address
Suite, Apt. #, etc. 116	Suite, Apt. #, etc.
City & State Ocala	City & State
Zip 34472	Country USA

Zip | Country

4. FEI Number 59-3578479 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, UZZIAH
317 OAK TRACK
OCALA FL 34472

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 _Uzziah Brown_

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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pre NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P/T/S NAME NAZima Rahman STREET ADDRESS 7578 SE MARI CAMP Rd CITY-ST-ZIP Ocala, FL 34472	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME Uzziah Brown STREET ADDRESS 7578 SE MARICAMP Rd CITY-ST-ZIP Ocala, FL 34472	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: _Uzziah Brown_ _Director_   1-17-00   352-687-2695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #