

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90100 043 \*\*\*150.00

**DOCUMENT # P99000047002**

1. Entity Name

**JIM & SHAWNS MANHATTAN HAIR COMPANY INC.**

Principal Place of Business

Mailing Address

7910 N. TAMIAMI TRAIL.STE.101  
 SARASOTA FL 34243

7910 N. TAMIAMI TRAIL.STE.101  
 SARASOTA FL 34243-1958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3574694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**REESE, JAMES**  
**6311 9TH STREET EAST**  
**BRADENTON FL 34203**

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 \_\_\_\_\_

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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Pres  
 James Reese  
 6311 9th St. E.  
 Bradenton, FL 34203

V. Pres.  
 Shawn Sexton  
 6311 9th St. E.  
 Bradenton, FL 34203

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: \_\_\_\_\_

*James Reese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
 Date

Daytime Phone #

CR2E034 (9/99)