

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047779

1. Entity Name
TROPICAL PARADISE FULL SERVICE SALON INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90006 013 ***150.00

Principal Place of Business
22 WEST POLK AVENUE
LAKE WALES FL 33853

Mailing Address
22 WEST POLK AVENUE
LAKE WALES FL 33853

644538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number **59-3576793**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

HARRISON, ASHLEIGH
22 WEST POLK AVENUE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

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

City

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 *Ashleigh Harrison* *Ashleigh Harrison* *President* *4/17/01*
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 NAME ☐ Delete
D HARRISON, ASHLEIGH
STREET ADDRESS **22 WEST POLK AVENUE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE NAME ☐ Delete
D COLLINS, BETH
STREET ADDRESS **22 WEST POLK AVENUE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
D/H/S HARRISON, Ashleigh
STREET ADDRESS **22 W. Polk Ave.**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE NAME ☒ Change ☐ Addition
D/V/T Collins, Beth
STREET ADDRESS **22 W. Polk Ave.**
CITY-ST-ZIP **Lake Wales, FL 33853**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 *Ashleigh Harrison* *Ashleigh Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 *863 676-1841*
Date Daytime Phone #

CR2E034 (10/00)