

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90020 015 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99 000050191**

1. Entry Name

Florida Barber Academy, Inc

Principal Place of Business

1645 SE 3 Court #204

Deerfield Bch, FL 33441

Mailing Address

1645 SE 3 Court #204

Deerfield Bch, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 0934877

Applied For

(Not Applicable)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lombardi, Jackie
1645 SE 3 Court #204
Deerfield Bch, FL 33441

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]

By virtue hereof or printed name of registered agent and title (Not Applicable)

(NOTE: Registered agent signature may also be typed)

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 \$650.00
Make Check Payable to Department of State

10. Election of Trust Filing Requirement

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
						Lombardi, Jackie	1645 SE 3 Court #204	Deerfield Bch, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						Baker, Curtis	1645 SE 3 Court #204	Deerfield Bch, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						Smith, Brian	1645 SE 3 Court #204	Deerfield Bch, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b) 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: *[Signature]*