

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050452

1. Entity Name
ESCAPE HAIR STUDIOS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 014 ***150.00

Principal Place of Business
3647 PARK STREET
JACKSONVILLE FL 32205

Mailing Address
3647 PARK STREET
JACKSONVILLE FL 32205

00082109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Escape Hair Studios 3647
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number
59-3587889

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

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME REDMAN, USA D
STREET ADDRESS 3647 PARK STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE VD
NAME REDMAN, MARK L
STREET ADDRESS 3647 PARK STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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: Richard Redmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00 904-389-8437
Date Daytime Phone #

CR2004 (5/00)

Attachment Doc#

P99000050452

00682109

Is whom it may concern,

I am only submitting \$150.00 as I did not receive the 1st notice.

Thank you,

Lisa R Redmond