

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P99000058562

1. Entity Name

HAIRTEC STUDIO, INC.

Principal Place of Business

16450-5 S TAMiami TRAIL  
FT MYERS FL 33908

Mailing Address

16450-5 S TAMiami TRAIL  
FT MYERS FL 33908-5307

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

65-0928541

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

NAVY, CHARLES  
16450-5 S TAMiami TRAIL  
FT MYERS FL 33908

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

TITLE: Owner Vice President  
NAME: ROACHE, DAVID  
STREET ADDRESS: 13000 APPALACHIA LN.  
CITY-ST-ZIP: FT. MYERS, FL 33912 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Owner President  
NAME: CHARLES ANTHONY NAVY  
STREET ADDRESS: 13000 APPALACHIA LN.  
CITY-ST-ZIP: FT. MYERS, FLA. 33912 ☐ Change ☐ Addition

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

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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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

Date

Daytime Phone #

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90039 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE