

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059767

1. Entity Name

CELEBRITIES HAIR & NAIL SALON, INC.

(R)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90011 026 ***150.00

Principal Place of Business

6428 W. COLONIAL DRIVE
ORLANDO FL 32818

Mailing Address

6428 W. COLONIAL DRIVE
ORLANDO FL 32818

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

593579967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, CAMILLE L
9208 NEW ORLEANS DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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 \$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

TITLE D ☐ Delete
NAME WATSON, CAMILLE L
STREET ADDRESS 9208 NEW ORLEANS DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Delete
NAME WATSON, ISABAL C
STREET ADDRESS 1240 E. CLEVELAND STREET
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00

(407) 493-2753

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
P49000059767
A0071497

CELEBRITIES HAIR & NAIL SALON, INC.
6428 W. COLONIAL DR
ORLANDO, FL. 32818

July 31, 2000

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document # P99000059767

Sub:- Waiver of penalty

-- Dear Sir/Madam,

With reference to above, I undersigned WATSON CAMILLE L, President of CELEBRITIES HAIR & NAIL SALON, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2000 on the following grounds.

I never received the Annual Filing Form for 2000, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2000 as I did not received the Filing Form for 2000. Further, this is the first year for me to renew the corporation by paying filing fees. I was under the impression that once we form a corporation, it is automatic renewed. I do not have any knowledge of filing state forms, as this being the first year for me to file annual filing form. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

As discussed with one of your representative, about the waiver of penalty, I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2000 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.

Sincerely,


(WATSON CAMILLE L)

encl:- as above