

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066781

1. Entity Name

ALLUZIONS HAIR SALON, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90250 036 \*\*\*150.00

Principal Place of Business

4142 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

Mailing Address

4142 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250-5833

00000160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4142 SOUTH THIRD STREET

3. Mailing Address

4291 GREENLAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3589271

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32258-1411

Country

USA

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

HICKS, SUZANNE W  
4291 GREENLAND ROAD  
JACKSONVILLE FL 32258

Name SUZANNE W. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)  
4291 GREENLAND ROAD

City JACKSONVILLE FL Zip Code 32258

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 Suzanne W. Taylor SUZANNE W. TAYLOR P/S/D 1/9/2000  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME HICKS, SUZANNE W  
STREET ADDRESS 4291 GREEN LAND ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE P/S/D ☐ Change ☒ Addition  
NAME TAYLOR, SUZANNE W.  
STREET ADDRESS 4291 GREENLAND ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D ☒ Delete  
NAME TAYLOR, BRENT  
STREET ADDRESS 4291 GREEN LAND ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE VIT/D ☐ Change ☒ Addition  
NAME TAYLOR, C. BRENT  
STREET ADDRESS 4291 GREENLAND ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Suzanne W. Taylor SUZANNE W. TAYLOR 1/12/2000 (904) 723-3107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)