

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90070 048 ***150.00

DOCUMENT # P99000066781

1. Entity Name
ALLUZIONS HAIR SALON, INC.

Principal Place of Business
**4142 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**4142 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

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 **59-3589271**

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

**TAYLOR, SUZANNE W
 4291 GREENLAND ROAD
 JACKSONVILLE FL 32258**

Name **TAYLOR SUZANNE W.**

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

12818 CAMELLIA BAY DRIVE W.

City **JACKSONVILLE**

FL

Zip Code **32223**

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*
 Signature, typed or printed name of registered agent and title if applicable.

SUZANNE W. TAYLOR
 (NOTE: Registered Agent signature required when reinstating)

4/22/02
 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, 2002 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 **PSD** ☒ Delete
 NAME **TAYLOR, SUZANNE W**
 STREET ADDRESS **4291 GREENLAND ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **TAYLOR, SUZANNE W.**
 STREET ADDRESS **12818 CAMELLIA BAY DRIVE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VTD** ☒ Delete
 NAME **TAYLOR, BRENT C**
 STREET ADDRESS **4291 GREENLAND ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **VTD** ☒ Change ☐ Addition
 NAME **TAYLOR, BRENT C.**
 STREET ADDRESS **12818 CAMELLIA BAY DRIVE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 (904) 723-3107

CR2E034 (9/01)