

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070425

1. Entity Name

ENVY HAIR SALON AND SPA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90014 002 ***150.00

Principal Place of Business

12659 ATTRILL ROAD
JACKSONVILLE FL 32258

Mailing Address

12659 ATTRILL ROAD
JACKSONVILLE FL 32258-2357

2. Principal Place of Business

9825 SAN JOSE BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32257

Country

US

Country

4. FEI Number

59-3596532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEPER, RICHARD C JR
3030 HARTLEY ROAD
STE 150
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: KREUTZJANS, VIVIAN

Street Address (P.O. Box Number is Not Acceptable)
12659 ATTRILL 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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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	PD	<input type="checkbox"/> Delete
NAME	KREUTZJANS, VIVIAN	
STREET ADDRESS	12659 ATTRILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KREUTZJANS, DAVID	
STREET ADDRESS	12659 ATTRILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, NICOLE A	
STREET ADDRESS	12659 ATTRILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

904 292-9411

Daytime Phone #

CR2E034 (9/99)