

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 039 ***150.00

DOCUMENT # P99000070425

1. Entity Name

ENVY HAIR SALON AND SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9825 SAN JOSE BLVD

Suite, Apt. #, etc.

3. Mailing Address

9825 SAN JOSE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEL Number

09-3596532

Applied For

Not Applicable

Zip

32258

Country

US

Zip

32258

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREUTZJANS, VIVIAN 12659 ATTRILL ROAD JACKSONVILLE FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KREUTZJANS, DAVID 12659 ATTRILL ROAD JACKSONVILLE FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KREUTZJANS, VIVIAN

Date

04/29/02

Daytime Phone #

904 292-9911

CR2E034B (12/01)