

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000077560****1. Entity Name**
1ST PHAZ HAIR, INC.**Principal Place of Business****810 N NOWELL ST
ORLANDO FL 32808
US****Mailing Address****810 N NOWELL ST
ORLANDO FL 32808
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**MONCRIEFFE, GABE B
11613 OTTAWA AVE
ORLANDO FL 32837****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 \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	MONCRIEFFE, GABE B	
STREET ADDRESS	11613 OTTAWA AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, MICHAEL	
STREET ADDRESS	810 N NOWELL ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	O	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDWARD	
STREET ADDRESS	P.O. BOX 681127	
CITY-ST-ZIP	ORLANDO FL 32868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABE B. MONCRIEFFE

Date

3/6/01 407-257-9770

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90016 044 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)