

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091533

1. Entity Name  
**M&G HAIR, INC.**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90026 037 \*\*\*150.00

Principal Place of Business  
**5811 PELICAN BAY BLVD., STE. 206-A**  
**NAPLES FL 34108**

Mailing Address  
**5811 PELICAN BAY BLVD., STE. 206-A**  
**NAPLES FL 34108**

2. Principal Place of Business  
**3060 Tamiami Trail N.,**  
Suite, Apt. #, etc.  
**Suite 2**

3. Mailing Address  
**3060 Tamiami Trail N.,**  
Suite, Apt. #, etc.  
**Suite 2**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip **34103** Country  
**Collier**

Zip **34103** Country  
**Collier**

4. FEI Number **65-0968096**

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:

**AUSTIN, ARLENEN F**  
**5811 PELICAN BAY BLVD., STE. 206-A**  
**NAPLES FL 34108**

Name  
**Austin, Arlene F**  
Street Address (P.O. Box Number is Not Acceptable)  
**STE. 201**  
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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01/09/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Delete  
NAME **STEIN, LINDA**  
STREET ADDRESS **781 14TH AVE. NW**  
CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE **DS** ☐ Delete  
NAME **WESS, KAREN**  
STREET ADDRESS **5412 SYCAMORE DRIVE**  
CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE **DP** ☐ Delete  
NAME **HOULDSWORTH, SANDRA**  
STREET ADDRESS **299 OYPRUS WAY WEST**  
CITY-ST-ZIP **NAPLES FL 34110**

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: *Linda Stein* **LINDA STEIN** **1/28/01** **941-370-6112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)