

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000101818**

1. Entity Name

THE BOULEVARD SALON OF NORTH FLORIDA, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90403 028 ***150.00

Principal Place of Business

Mailing Address

1925 CR 220
ORANGE PARK FL 32073**1925 CR 220**
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

10601-13 SAN JOSE BLVD.**10601-13 SAN JOSE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE FL**JACKSONVILLE FL**

City & State

City & State

32257 USA**32257 USA**

Zip

Country

Zip

Country

4. FEI Number

59-3610028

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

DURRENCE, KATHLEEN L
1925 CR 220
ORANGE PARK FL 32073

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **DURRENCE, KATHLEEN L**
STREET ADDRESS **1925 CR 220**
CITY-ST-ZIP **ORANGE PARK FL 32073**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TINCHER, LORI J**
STREET ADDRESS **3821 MILLPOINT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32257**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **TINCHER, ROSE K**
STREET ADDRESS **3834 CORONADO RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)