

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000102442** ✓

APPROVED
06-12-2000 90002006 ***150.00
FILED

1. Entity Name
AMBIENCE UNISEX SALON INC

00 JUN 29 PH 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

231

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**32764 US 19 NORTH
PALM HARBOR FL 34684** **SAME**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-3611226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANTHONY CARRUBBA

Name

300 6 TH ST NORTH #4

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

**SAFETY HARBOR
FL 34695**

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 **ANTHONY CARRUBBA**

Anthony Carruba

6-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES**
NAME **ANTHONY CARRUBBA**
STREET ADDRESS **300 6 TH ST N #4**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME **Secretary**
STREET ADDRESS **MARGARET COLE**
CITY-ST-ZIP **1601 COCKLE SHILL DR**
HOLIDAY, FL 34690

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME **Treasurer**
STREET ADDRESS **Heather Ioannou**
CITY-ST-ZIP **1207 TAMARA**
HOLIDAY FL 34690

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Anthony Carruba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-00 727-236-8085

Date

Daytime Phone #

CR2E034 (9/99)