

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90005 044 \*\*\*150.00

**DOCUMENT # S55334**

1. Entity Name

**ZAGA'S HAIR DESIGNS, INC.**

Principal Place of Business

Mailing Address

**4750 AMELIA PARKWAY  
 FERNANDINA BEACH FL 32034  
 US**

**P.O. BOX 6393  
 FERNANDINA BEACH FL 32035-6393  
 US**

703406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3068336**

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

**MULLIN, MICHAEL S.  
 311 CENTRE ST  
 SUITE 207  
 FERNANDINA BEACH FL 32034**

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.

**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 **DP**  Delete  
 NAME **ASTURRIZAGA, CARL A**  
 STREET ADDRESS **41 OAK GROVE PL**  
 CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS**  Delete  
 NAME **ALLEN, JEANETTE R**  
 STREET ADDRESS **123 W HIRTH ROAD #702**  
 CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP**  Delete  
 NAME **VERNAKES, MONIQUE**  
 STREET ADDRESS **PO BOX 6473 SEYMORE PT RD**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **2678 Rachel Avenue**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

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: *Monique Vernakes* **VERNAKES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/00* **904-217-0034**  
 Date Daytime Phone #

CR20004 (9/00)