

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60209

1. Entity Name

HEADLINERS HAIR WORKS, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90432 019 ***150.00

Principal Place of Business

THE ALTERNATIVE
1240 JENKS AVE
PANAMA CITY FL 32401
US

Mailing Address

HEADLINER/THE ALTERNATIVE
1240 JENKS AVE
PANAMA CITY FL 32401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3072517

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

NEVILLE, BARBARA
~~1103 WYOMING AVE~~
LYNN HAVEN FL 32444

new
address:
only

Name
Barbara Neville
Street Address (P.O. Box Number is Not Acceptable)
1800 Scarlett Blvd
Lynn Haven
City FL 32444

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDV
NAME BARBARA NEVILLE
STREET ADDRESS ~~1103 WYOMING AVE~~ 1800 Scarlett Blvd.
CITY-ST-ZIP LYNN HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
President Barbara Neville

4/3/01

850 747 3965

Date

Daytime Phone #

CR2E034 (10/00)