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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90066 044 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60738

1. Corporation Name

MARIE'S MANE STOP HAIR EXTRAVAGANZA, INC.

Principal Place of Business

2418 DANA DRIVE
SAFETY HARBOR FL 34695
US

Mailing Address

P.O. BOX 528
DUNEDIN FL 34697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1991

4. FEI Number

59-3074642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3014 Pepperwood Lane

Suite, Apt. #, etc.

22 Clearwater, FL

City & State

23 33761

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 528

Suite, Apt. #, etc.

27 Dunedin, FL 34697

City & State

28 34697

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Marie Douglas
3014 Pepperwood Lane W.
Clearwater, FL 33761

10. Name and Address of New Registered Agent

81 Name SAME Marie Douglas
82 Street Address (P.O. Box Number is Not Acceptable)
New - 3014 Pepperwood Ln W -
83 Clearwater, FL
84 City 33761 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of being registered as a registered agent, or both, in the State of Florida. Such change was authorized by the corporation and its officers and directors, and the agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Marie Douglas

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent sign)

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOUGLAS MARIE C.
STREET ADDRESS 2418 DANA DRIVE
CITY-ST-ZIP SAFETY HARBOR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DRS IN 12

☐ Addition

☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99

CR2E034 (11/98)