# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # S63866**

1. Entity Name

**JUDY'S HAIR STUDIO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1288 LORI DRIVE<br>SPRING HILL FL 34606 | 1288 LORI DRIVE<br>SPRING HILL FL 34606-4561 |

**C0020110**

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | 4. FEI Number  59-3072343 |
| Zip   Country | Zip   Country | 5. Certificate of Status Desired ☐  **$8.75** Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LEVEROCK, JUDY M.<br>1288 LORI DRIVE<br>SPRING HILL FL 34606 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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**<br>**After MAY 1, 2000 Fee will be $550.00**<br>**Make Check Payable to Department of State** | 10. Election Campaign Financing Trust Fund Contribution. ☐  **$5.00** Added to |
|---|---|---|

**11.** OFFICERS AND DIRECTORS — **12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | OFFICERS AND DIRECTORS | Delete | | ADDITIONS/CHANGES | Change |
|---|---|---|---|---|---|
| TITLE | DPST | ☐ Delete | TITLE | | ☐ Change |
| NAME | LEVEROCK, JUDY M. | | NAME | | |
| STREET ADDRESS | 1288 LORI DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL | | CITY-ST-ZIP | | |
| TITLE | VP | ☐ Delete | TITLE | | ☐ Change |
| NAME | LEVEROCK III, JOHN A | | NAME | | |
| STREET ADDRESS | 1288 LORI DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Judy M Leverock*  JUDY M. LEVEROCK   2-3-00   352-683-0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #