

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 24, 2000 8:00 am**
Secretary of State

03-24-2000 90115 045 ***150.00

DOCUMENT # S71387

1. Entity Name

THE ESQUIRE TOUCH BARBER SHOP, INC.

Principal Place of Business

Mailing Address

6016 N. 40TH STREET
STE. B
TAMPA FL 33610
US9447 LARKBURTING DR
TAMPA FL 33647-2823
US

C0044656



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 **59-3076263**

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

LEWIS, BERNARD D SR
9447 LARKBURTING DRIVE
TAMPA FL 33647

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 Bernard D. Lewis Sr.

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

Bernard D. Lewis Sr.

(NOTE: Registered Agent signature required when reinstalling)

1/27/00

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 State10. 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 PD ☐ Delete
NAME LEWIS, BERNARD D SR
STREET ADDRESS 9447 LARKBURTING DRIVE
CITY-ST-ZIP TAMPA FL 33647TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ST ☐ Delete
NAME LEWIS, CHRISTINE
STREET ADDRESS 9447 LARKBURTING DRIVE
CITY-ST-ZIP TAMPA FL 33647TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE Bernard D. Lewis, Jr. - President 1/27/2000 (813) 237-0286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #