

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79250

1. Entity Name

HAIR ELITE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 024 ***150.00

Principal Place of Business

459 MEADOWLARK DR
SARASOTA FL 34236
US

Mailing Address

1661 RINGLING BLVD
PO BOX 2741
SARASOTA FL 34230-2741
US

2. Principal Place of Business

627 ALHAMBRA

3. Mailing Address

Suite, Apt. #, etc.

City & State

VENICE - FL

Zip

34285

Country

USA

Zip

Country

4. FEI Number

65-0282605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODAU, ROBERT L.
459 MEADOWLARK DR
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name GODAU, ROBERT L

Street Address (P.O. Box Number is Not Acceptable)

627 ALHAMBRA #703

City

VENICE

FL

Zip Code

34285

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

Robert L. Godau

ROBERT L. GODAU

4-17-00

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, 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

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GODAU, ROBERT L. | |
| STREET ADDRESS | 1661 RINGLING BLVD | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GODAU, SAM S | |
| STREET ADDRESS | 1661 RINGLING BLVD | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 627 ALHAMBRA #703 |
| CITY - ST - ZIP | VENICE - FL 34285 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 627 ALHAMBRA #703 |
| CITY - ST - ZIP | VENICE - FL 34285 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE:

Robert L. Godau 4/17/00

Date

Daytime Phone #

941-484-2025

CR2E034 (9/99)