2000 UNIFORM BUSINESS REPORT (UBR)

Secretary of State O1-31-2000 90992 002 ***158.75 Principal Flace of Business Malling Address 490 Tablant TRAL N MAPLES Ft. 3890 NAPLES Ft. 3890 Suite, Apt. 4, etc. O2 A State City & State O1-31-2000 90992 002 ***158.75 Principal Flace of Business Suite, Apt. 4, etc. Do Not Writte in THIS SPACE Coy & State City & State O1-31-2000 90992 002 ***158.75 Applied Ft. Do Not Writte in THIS SPACE Do Not Writte in THIS SPACE A. FE. Number 65-0302870 Principal File Space Address Ft. Suite, Apt. 4, etc. DO Not Writte in THIS SPACE Space Address Ft. 36000 Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Suite, Apt. 4, etc. DO Not Writte in THIS SPACE Space Address Ft. 36000 Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Suite, Apt. 4, etc. DO Not Writte in THIS SPACE Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Suite, Apt. 4, etc. DO Not Writte in THIS SPACE Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Suite, Apt. 4, etc. DO Not Writte in THIS SPACE Suite Address of Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Applied Ft. Suite Address of Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Suite Address of Do Not Writte in This Space Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75 Applied Ft. Country Secretary of State O1-31-2000 90992 002 ***158.75	DOCUI	MENT # V01814	FILED Jan 31, 2000 8:00 am					
Principal Place of Business All Malling Address An April 19 Address An April 19 Address An April 19 Address But April 29 Addres	CHER'S	HAIR SPA, INC.			Secr	etary of	State	e
MARLES FL 34/10/11/2 2. Principal Place of Business Sules, Apr. F, etc. Sules, Apr. F, etc	Principal Place	e of Business	Mailing Address		01-31-2	2000 90092 002	***158.75	
Suite, Apt. 6, old. City & State	NAPLES FL 33940							
City & State Country Coun	2. Principal Place of Business		3. Mailing Address			44: 16:10: 11:11: 11:11: 11:11: 11:11: 11:11: 11:11:		
September 2000 Septem	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO	NOT WRITE IN THIS	SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNELL, DANIEL 672 CYPRESS WAY E NAPLES FL 33942 City City FL City City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code FL Zip Code FL Zip Code FL Zip Code City Tax File Top requirement of steet of Flooridia. Code City FEE IS \$150.00 Address (F.O. Box Number is Not Acceptable) City Tax File Top requirement of Steet The Tax File Top requirement of Steet City FEE IS \$150.00 Address (F.O. Box Number is Not Acceptable) City The Tax File Top requirement of Steet The Tax File Top requirement of Steet City FEE IS \$150.00 Address (F.O. Box Number is Not Acceptable) City The Tax File Top requirement of Steet City File Top Resident elementary City The Tax File Top Resident elementary City The Tax File Top Resident elementary City The Tax File Top Resident elementary	City & State		City & State		4. FEI Number 65	-0302870	/ : : :	plied For Applicable
O'CONNELL DANIEL 672 CYPRESS WAY E NAPLES FL 33942 City FL Zip Code City FL Zip Co	Zip	Country	Zip	Country		<u> </u>	Fee Require	
672 CYPRESS WAY E NAPLES FL 33942 6. 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 9. This corporation is eligible to satisfy its intangible Tax filting sequencement and elects to do so. IV		6. Name and Address of Current	t Registered Agent	Name .	7. Name and Address	of New Registered	Agent	
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 private name of registered agent and allow it applicable. (ADTE Reputered Agent dignature required Agent d				Street Address	s (P.O. Box Number is Not A	Acceptable)	· · · · · · · · · · · · · · · · · · ·	
8. The above named entry 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 prirate name of registance agent and site is speciable (NOTE, Registered Agent signature required when initiating) DATE	NAPI	LES FL 33942		City		E	Zip Code	 ð
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11.	O. The charm	annual actity outproits this atotom out f	or the purpose of changing its r	paintared office ar regist	ared agent or both in the		<u>- </u>	<u> </u>
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NAME STREET ADDRESS CITY-ST-2IP NAPLES FL TITLE VS O'CONNELL, DANIEL R STREET ADDRESS CITY-ST-2IP NAME O'CONNELL, DANIEL R STREET ADDRESS CITY-ST-2IP NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADD	11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGI	S TO OFFICERS AN	D DIRECTORS	3 IN 11
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that it is am an officer or direct 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 1	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ 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 direct 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 1	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	,		☐ Change	Addition
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 direct 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 1	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			□ Change	☐ Addition
SIGNATURE: Name of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylore Phone #	indicated of the corp changed,	on this report or supplemental report poration or the receiver or trustee emplor or on an attachment with an address.	is true and accurate and that my owered to execute this report a with all other like empowered	y signature shall have the signature of	e same legal effect as if ma 07, Florida Statutes; and th	ade under oath; that i at my name appears	am an officer in Block 11 or	or director