

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04094

1. Entity Name

PH HAIR, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90011 005 \*\*\*150.00

Principal Place of Business

Mailing Address

35253 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

35253 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684-1930

2. Principal Place of Business

3. Mailing Address

35253 US Highway 19 North

35253 US Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

Country

34684 USA

Zip

Country

34684 USA

4. FEI Number

59-3100102

Applied For

Not Applicable

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

WHARRAN, KATHERINE A.  
35211 U.S. HIGHWAY 19 N.  
PALM HARBOR FL 34684

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

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	D	<input type="checkbox"/> Delete
NAME	WHARRAN, KATHERINE A.	
STREET ADDRESS	9416 DEBBIE LANE	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHARRAN, FORREST C.	
STREET ADDRESS	9416 DEBBIE LANE	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHARRAN, DOUGLAS E.	
STREET ADDRESS	9735 EL CAMINO REAL DR	
CITY-ST-ZIP	PORT RICHEY FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
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
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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 all other like empowered.

SIGNATURE:

*Katherine A Wharran* KATHERINE A WHARRAN

1-28-00

(727) 789-3099

Date

Daytime Phone #

CR2E034 (9/99)