

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90041 027 ***150.00

DOCUMENT # V06183

1. Entity Name

SUNSHINE HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

**228 N. PINELLAS AVE
 TARPON SPRINGS FL 34689
 US**

**P.O. BOX 414
 CRYSTAL BEACH FL 34681
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3102720

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

**BISAHA, DONNA L.
 1138 U.S. 19
 HOLIDAY FL 34691**

Name

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

~~PO Box 414~~ **228 N. Pinellas**

~~PO Box 414~~

City

Tarpon Springs **FL**

Zip Code

34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISAHA, DONNA L. 1138 US HWY 19 HOLIDAY FL 34691	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Donna L. Bisha **Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00 727-942-1230