## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# V21755

Entity Name: MAL SUN'S SALON, INC.

4417 BLANTYRE PL

VALRICO, FL

Address:

City-St-Zip:

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3507 BELL SHOALS RD VALRICO, FL 335946142 **Current Mailing Address: New Mailing Address:** 4417 BLANTYRE PLACE 3507 BELL SHOALS RD VALRICO, FL 335946142 VALRICO, FL 335947287 FEI Number: 59-3112889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, THOMAS R. 4417 BLANTYRE PL VALRICO, FL 33594 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JONES, MAL SUN Name: Name: 4417 BLANTYRE PL Address: Address: City-St-Zip: VALRICO, FL City-St-Zip: Title: VTS Title: () Change () Addition () Delete Name: JONES, THOMAS R. Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. JONES VTS 04/29/2002