

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V72227**

1. Entity Name

UNIVERSAL HAIR REMOVAL SYSTEM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90098 021 ***150.00

| | |
|--|--|
| Principal Place of Business 4601 W. KENNEDY BLVD. SUITE #107 TAMPA FL 33609 US | Mailing Address P.O. BOX 1482 ST. PETERSBURG FL 33731-1482 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------|
| 2. Principal Place of Business 6045-2 CALAIS BLVD | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---|-----------------------|------------------------------------|--|
| City & State ST. PETERSBURG, FL | City & State | 4. FEI Number 59-3159218 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33714 | Country USA | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

SIMPSON, WILLIAM H.
6045-2 CALAIS BLVD. N
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

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 *W.H. Simpson* **W.H. Simpson** *4/25/00*
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 | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SIMPSON, WILLIAM H. 6045-2 CALAIS BLVD. ST. PETERSBURG FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SIMPSON, MARY R 6045-2 CALAIS BLVD. ST. PETERSBURG FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SIMPSON, WILLIAM H. 6045-2 CALAIS BLVD. ST. PETERSBURG FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *W.H. Simpson* **W.H. Simpson, Director** *4/25/00* **727-527-3205**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)