

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000019347

Entity Name: BARBER & BEAUTY INSTITUTE, INC.

Current Principal Place of Business:

1631 ROCK SPRINGS RD,
SUITE 351
APOPKA, FL 34744

Current Mailing Address:

1631 ROCK SPRINGS RD,
SUITE 351
APOPKA, FL 34744 US

FEI Number: 82-4660684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, ANTHONY
5609 WESTVIEW DR
ORLANDO, FL 32810 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

Officer/Director Detail :

| | | | |
|-----------------|------------------|-----------------|------------------|
| Title | P | Title | VP |
| Name | SIMMONS, ANTHONY | Name | SIMMONS, LELA |
| Address | 5609 WESTVIEW DR | Address | 5609 WESTVIEW DR |
| City-State-Zip: | ORLANDO FL 32810 | City-State-Zip: | ORLANDO FL 32810 |

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY SIMMONS

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date