

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90031 007 \*\*\*\*65.25

**DOCUMENT # 701874**

1. Entity Name  
**FLORIDA COSMETOLOGY ASSOCIATION, INC.**

Principal Place of Business <b>7755 NEW TAMPA HWY LAKELAND FL 33815</b>	Mailing Address <b>7755 NEW TAMPA HWY LAKELAND FL 33815</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1003667</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MCDONALD, EDWARD**  
**7755 NEW TAMPA HWY**  
**LAKELAND FL 33815**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REED, RALPH L</b> <b>381 WESTWINDS DR</b> <b>PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WIGGINS, CAROLYN</b> <b>11430 LAKE EUSLIS DRIVE</b> <b>LEESBURG FL 34788</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCDONALD, EDWARD</b> <b>7755 NEW TAMPA HWY</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PANOCH, NENCY</b> <b>3420 MAGNOLIA WAY</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAY, JERRY L</b> <b>4466 GANYARD ST</b> <b>PORT CHARLOTTE FL 33980</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, BRIAN</b> <b>447 MACARTHER DR</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHARLES A. Chapman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2950 St. Johns Ave #3</b> <b>JACKSONVILLE, FL 32205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Glenda Stephenson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>408 Winter Ridge Blvd.</b> <b>WINTER HAVEN, FL 33881</b>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/17/02** **862-682-8716**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)