

FILED  
Apr 24, 2002 8:00 am  
Secretary of State

03-12-2002 90267 023 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018315

1. Entity Name  
HAIR BY STEEL MAGNOLIAS, INC.

Principal Place of Business  
21301 POWERLINE RD. STE 101  
BOCA RATON FL 33433

Mailing Address  
8518 TOURMALINE BLVD  
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21301 Powerline Rd, # 101  
Suite, Apt. #, etc.

3. Mailing Address  
8518 Tourmaline Blvd.  
Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
Boynton Beach, FL

4. FEI Number  
59-3715641

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required.

Zip  
33433

Country  
USA

Zip  
33437

Country  
USA

6. Name and Address of Current Registered Agent  
Laverdure, Christine A.  
8518 TOURMALINE BLVD  
BOYNTON BEACH FL 33437

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: Christine A Laverdure president 4/11/02  
Signature, typed or printed name of registered agent and date of approval. (The registered agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 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	D Laverdure, Christine A. 8518 Tourmaline Blvd. BOYNTON BEACH FL 33437	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Christine A Laverdure president 2/26/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)