

Note: Never got original UBR form or notice due to incorrect address. See changes below.

CORP NY

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90029 044 ***150.00

DBA:

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000083402			
1. Entity Name STATON MANAGEMENT GROUP, INC.			
Principal Place of Business 4027 WEST KENNEDY BLVD. TAMPA, FL 33609		Mailing Address 4027 WEST KENNEDY BLVD. TAMPA, FL 33609	
2. Principal Place of Business Bangz Salon & Spa Suite, Apt. #, etc.		3. Mailing Address [REDACTED] Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 55-0789382		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STATON, GINA L 2454 MCMULLEN BOOTH RD STE 209 CLEARWATER, FL 33769		7. Name and Address of New Registered Agent Name GINA STATON LOGAN Street Address (P.O. Box Number is Not Acceptable) 4027 WEST KENNEDY BLVD. City TAMPA FL 33609	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> 9/11/03 <small>Signature of person named as registered agent (not applicable) (NOTE: Registered Agent signature required when necessary) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Delete NAME STATON, GINA L STREET ADDRESS 2454 MCMULLEN BOOTH RD STE 209 CITY-ST-ZIP CLEARWATER, FL 33769	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P/S/T/D STREET ADDRESS GINA STATON LOGAN CITY-ST-ZIP 4027 WEST Kennedy BLVD	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Tampa, FL 33609	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Lee Staton STREET ADDRESS 112 Lockhaven Lane CITY-ST-ZIP Aigonac, MI 48001
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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 607, 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: <u>[Signature]</u> GINA STATON LOGAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/11/03 <small>DATE</small>	

Name change due to marriage

727-643-0033 (cell)
 813-879-6333 (salon)