

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90132 004 ***150.00

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

80109747

DOCUMENT # P02000113499			
1. Entity Name NATURAL HAIR SOLUTIONS, INC.			
Principal Place of Business 4146 LAKESIDE DR TAMARAC, FL 33319		Mailing Address 4146 LAKESIDE DR TAMARAC, FL 33319	
2. Principal Place of Business 1308 N. State Rd. 7		3. Mailing Address Suite, Apt. #, etc.	
City & State Margate FL		City & State	
Zip 33063		Country U.S.	
4. FFI Number 03-0489760		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when necessary) DATE _____			
FILE NOW!!! FEE IS \$150.00 As of May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P STENNETT, NATALIE 4146 LAKESIDE DR TAMARAC, FL 33319			
Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
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: _____		04/29/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	