

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

DOCUMENT # P96000055121

1. Entity Name
COOPER & SCOTT "BUDDIES" HAIR CARE INC.

90144760

Principal Place of Business 2132 BRUTON ORLANDO, FL 32805	Mailing Address 2132 BRUTON ORLANDO, FL 32805
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2. Principal Place of Business 2132 BRUTON	3. Mailing Address 2132 BRUTON
--- Suite, Apt. #, etc. ---	--- Suite, Apt. #, etc. ---

City & State ORLANDO FL	City & State ORLANDO, FL
Zip 32805 Country U.S.A.	Zip 32805 Country U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number _____ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, CURTIS V
2132 BRUTON BLVD.
ORLANDO, FL 32805

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 *Curtis Cooper* (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW! FEE IS \$150.00
Exp. May 1, 2003 Fee Will Be \$250.00
Amended UBR \$ 25.00
 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	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">P COOPER, CURTIS 2405 SPINGARN CT. ORLANDO, FL 32811</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VP SCOTT, DENNIS 2132 BRUTON BLVD. ORLANDO, FL 32805</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P COOPER, CURTIS 2405 SPINGARN CT. ORLANDO, FL 32811	<input type="checkbox"/> Delete	VP SCOTT, DENNIS 2132 BRUTON BLVD. ORLANDO, FL 32805	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Cooper Curtis 6690 Bougainvilleu Goscent Dr Orlando, FL 32809 </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	Cooper Curtis 6690 Bougainvilleu Goscent Dr Orlando, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Curtis Cooper* **7-15-03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90144760
#P96000055121

To: Florida Division Of Corporations
From: Cooper & Scott "Buddies" Hair Care Inc.

DEAR SIR.

This is to advise that I did not receive a uniform annual report. As per our discussion I have down loaded such from the internet .Also, please see the filling fee check in the amount of (\$155.00) attached.

Thanks and regards,


Curtis Cupper