

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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90176 007 \*\*\*550.00

**DOCUMENT # P98000062482**

1. Entity Name  
**KINKZ SALON INC.**



Principal Place of Business  
**6100 APOPKA VINELAND RD.  
ORLANDO FL 32819**

Mailing Address  
**6100 APOPKA VINELAND RD.  
ORLANDO FL 32819**



2. Principal Place of Business  
**7571 W. Sandlake Rd**

3. Mailing Address  
**7571 W Sandlake Rd**

Suite, Apt. #, etc.  
**Orlando FL 32819**

Suite, Apt. #, etc.  
**#17**

City & State  
**Orlando, Florida**

City & State  
**Orlando Florida**

Zip Country  
**32819 Orande**

Zip Country  
**32819 Orange**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3478038**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENSON, KATHRYN  
6100 APOPKA VINELAND RD  
ORLANDO FL 32819**

Name **Stephenson Kathryn**  
Street Address (P.O. Box Number is Not Acceptable)  
**7571 W Sandlake Rd**  
**Suite #17**  
City **Orlando** FL Zip Code **32819**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/22**

**FILE NOW!!! FEE IS \$150.00**  
**After 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STEPHENSON, KATHRYN</b> <b>2892 ALOMA LAKE RUN</b> <b>OVIEDO FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STEPHENSON, WILLIAM</b> <b>2892 ALOMA LAKE RUN</b> <b>OVIEDO FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/22/03** Daytime Phone #

CR2E034 (10/02)