

Amended

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -9 PM 12:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000054895

1. Entity Name

The Hair Exchange, Inc.

Principal Place of Business

Mailing Address

3839 N. Monroe St. Unit 10 Talla. Fla. 32303

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3582090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, DEBORAH M. 3839 N. Monroe St. Unit 10 Talla. Fla. 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Not checked

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Not checked

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Secretary Lynne K. Sellers 874 Midway Rd. Carroll, Ga 31728

Delete checked

President, Treasurer HILL, DEBORAH M. 2814 Kennesaw Place TALLAHASSEE, FL 32303

Delete not checked

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Delete not checked

(Empty row)

Delete not checked

(Empty row)

Delete not checked

(Empty row)

Delete not checked

Secretary Jennifer Taylor 2460 Peachtree Rd NW Suite 409 90 Bennington Towers Atlanta Ga, 30305

Change checked, Addition not checked

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Change not checked, Addition not checked

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Change checked, Addition not checked

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah M. Hill

6-8-00

562-9672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/99)