

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026236

**DOCUMENT # P99000054895**

1. Entity Name  
**THE HAIR EXCHANGE, INC.**

**FILED**

**01 APR 17 AM 10:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3839 N. MONROE ST., UNIT 10 TALLAHASSEE FL 32303**  
Mailing Address: **3839 N. MONROE ST., UNIT 10 TALLAHASSEE FL 32303**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-3582090** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HILL, DEBORAH M  
3839 N. MONROE ST., UNIT 10  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: <b>PT</b>	<input type="checkbox"/> Delete
NAME: <b>HILL, DEBORAH M</b>	
STREET ADDRESS: <b>2814 KENNESAW PLACE</b>	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete
NAME: <b>TAYLOR, JENNIFER K</b>	
STREET ADDRESS: <b>2460 PEACHTREE RD., NW, SUITE 409</b>	
CITY-ST-ZIP: <b>ATLANTA GA 31728</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>800004136918</b>	
STREET ADDRESS: <b>-05/04/01--01086--004</b>	
CITY-ST-ZIP: <b>****150.00 ****150.00</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SP</b>	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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

SIGNATURE: Deborah M Hill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-17-01 Daytime Phone #: \_\_\_\_\_

CR2E034 (10/00)