

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90315 031 ***550.00

0065862 AB

DOCUMENT # 182553

1. Entity Name
MIAMI BARBER COLLEGE, INC.



Principal Place of Business
**220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648**

Mailing Address
**220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0728593**

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

**SMITH, STEWART, JR
5110 W UNIVERSITY BLVD
JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2626 CRYSTAL COURT COVE
JACKSONVILLE FL 32224**

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

Stewart A. Smith **STEWART A. SMITH** **9-1-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
**PD SMITH, STEWART A.
220 MAIN STREET
MCCOMB MS**

TITLE NAME ☐ Change ☐ Addition
**2626 CRYSTAL COURT COVE
JACKSONVILLE, FL 32224**

TITLE NAME ☐ Delete
**ST SMITH AILEEN
220 MAIN STREET
MCCOMB FL**

TITLE NAME ☐ Change ☐ Addition
**2626 CRYSTAL COURT COVE
JACKSONVILLE, FL 32224**

TITLE NAME ☐ Delete
**VP SMITH STEWART A. JR.
5110 W UNIVERSITY BLVD
JACKSONVILLE FL**

TITLE NAME ☒ Change ☐ Addition
**2626 CRYSTAL COURT COVE
JACKSONVILLE, FL 32224**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

Stewart A. Smith **STEWART A. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-03 904-759-6641

Date

Daytime Phone #

CR2E034 (10/02)