

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90041 005 \*\*\*150.00

**DOCUMENT # 345701**

1. Entity Name  
**D.F.D.T., INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>% HAIR DESIGN/INT'L<br/>         MARRIOTT MARCO BEACH RESORT<br/>         MARCO ISLAND FL 33937</b> | Mailing Address<br><b>% HAIR DESIGN/INT'L<br/>         MARRIOTT MARCO BEACH RESORT<br/>         MARCO ISLAND FL 33937</b> |
|---|---|

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DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>HAIR DESIGN / INT'L</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>MARRIOTT MARCO RESORT</b><br>Suite, Apt. #, etc.<br><b>400 S. Collier Blvd</b> |
|---|---|

|   |                                    |  |   |
|---|------------------------------------|--|---|
| City & State<br><b>MARCO Island, FL</b> | 4. FEI Number<br><b>59-1260944</b> | Applied For<br><input type="checkbox"/>                      | Not Applicable<br><input checked="" type="checkbox"/> |
| Zip<br><b>34145</b>                     | Country<br><b>USA</b>              | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                 |

**6. Name and Address of Current Registered Agent**

**GEATCHES, DONALD E  
 29951 FULLERVILLE ROAD  
 DELAND FL 32720**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| 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 Donald E Geatches DATE 4/14/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>GEATCHES, DONALD E</b><br><b>29951 FULLERVILLE RD</b><br><b>DELAND FL</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>GEATCHES, HAZEL F</b><br><b>909 SAN MARCO BLVD</b><br><b>MARCO ISLAND FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>GEATCHES, BETH</b><br><b>29951 FULLERVILLE RD</b><br><b>DELAND FL</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Donald E Geatches DATE 4/14/02 (352) 669-2782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1/200000

CR2E034 (9/01)