FILED 2002 Uniform Business Report (UBR) Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** 442249 1. Entity Name 04-11-2002 90013 003 ***150 00 RICHARD FRANK, COIFFURES, INC. Principal Place of Business Mailing Address 12346 US HWY 19 12346 US HWY 19 HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1502200 Not Applicable Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIGANTI, RUTH B GIGANTI, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 13027 WYNDALE DR **BAYONET PT FL 34667** BAYONET 8. The above named entity $m{\delta}$ r the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign: Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00

(See crite	ria on back)	Ш	Make Check Payable	e to Departmen	t of State				
11.	OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIGANTI, RUTH B 13027 WYNDALE DR BAYONET PT FL 34667		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GIGAN 13027 BAYON	TI,RUTH B WYNDALE DR ET PT FL 34667	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIGANTI, RICHARD F. 13027 WYNDALE DR BAYONET PT FL 34667		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ 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 truther 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 abother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTO

APRIL 2, 2002 727-862-5612