

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90018 016 \*\*\*150.00

DOCUMENT # 573056

1. Entity Name

HAIR CENTER, INC.



**DO NOT WRITE IN THIS SPACE**

**24077353**

2. Principal Place of Business

7029 S. TAMIAHI TRAIL

3. Mailing Address

7029 S. TAMIAHI TRAIL

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

C

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota

4. FEE Number

59-1815810

Applied For

☐ No: Applicable

Zip

34231

Country

Zip

FL 34231

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARD SPRENGER

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

3762 SPANISH PINE CT #209

City

Sarasota

FL

Zip Code

34238

**DO NOT WRITE  
IN THIS SPACE**

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

B. Sprenger

Signature, typed name, and title of agent and fee is \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

05/18/04

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P BERNARD SPRENGER  
1658 Ridgewood Lane  
SARASOTA FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
T NATALIA SPRENGER  
3762 SPANISH PINE CT  
SARASOTA, FL 34238

TITLE  
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IN THIS SPACE**

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

SIGNATURE:

N. Sprenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/04 (941) 922-1004

CR2E034B (12/02)