

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-08-2003 90315 032 ***550.00

0665860 AB

DOCUMENT # 591887

1. Entity Name
ROFFLER BARBER AND HAIR DESIGNER 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

4. FEI Number **59-1884535**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, STEWART A., JR.
5110 UNIVERSITY BLVD WEST
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stewart A. Smith*
Signature, typed or printed name of registered agent and title if applicable.

STEWART A. SMITH
(NOTE: Registered Agent signature required when reinstating)

DATE
9-1-03

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	P SMITH, STEWART A.	<input type="checkbox"/> Delete
STREET ADDRESS	220 MAIN STREET	
CITY-ST-ZIP	MCCOMB MS	
TITLE NAME	ST SMITH, AILEEN B.	<input type="checkbox"/> Delete
STREET ADDRESS	220 MAIN STREET	
CITY-ST-ZIP	MCCOMB MS	
TITLE NAME	V SMITH, STEWART A. JR	<input type="checkbox"/> Delete
STREET ADDRESS	5110 W UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1367
CITY-ST-ZIP	Mccomb, MS 39648
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1367
CITY-ST-ZIP	MCComb, MS.
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2626 Crystal Court Cove
CITY-ST-ZIP	JACKSONVILLE, FL 3224
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-03

Date

Daytime Phone #

904-759-6641

CR2E034 (10/02)