

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90011 012 \*\*\*150.00

0420768

**DOCUMENT # 598756**  
 1. Entity Name  
**SUNRISE BEAUTY SALON, INC.**

Principal Place of Business <b>1373 KASS CIRCLE          SUTIE 107          SPRING HILL FL 34606          US</b>	Mailing Address <b>1373 KASS CIRCLE          STE 107          SPRING HILL FL 34606          US</b>
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**942439**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1425 KASS CIRCLE</b>	3. Mailing Address <b>1425 KASS CIR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SPRING HILL FL</b>	City & State <b>SPRING HILL FL.</b>
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4. FEI Number <b>59-1874878</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34606</b>	Country <b>US</b>	Zip <b>34606</b>	Country <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ADJAN, LOUIS  
 10052 TWELVE OAKS CIRCLE  
 WEEKI WACHEE FL 34613**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	<b>P ADJAN, LOUIS</b>
STREET ADDRESS	<b>10052 TWELVE OAKS CIRCLE</b>
CITY-ST-ZIP	<b>WEEKI WACHEE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ST ADJAN, IRENE E</b>
STREET ADDRESS	<b>10052 TWELVE OAKS CIRCLE</b>
CITY-ST-ZIP	<b>WEEKI WACHEE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Louis Adjan **LOUIS ADJAN** 3-7-01 352 683 0320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)