FILED

Apr 25, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

638198 DOCUMENT #

| 1. Entity Name HAIR DIMENSIONS OF VENICE, INC. | | | | | 04-25-2003 90322 008 ***150.00 | | |
|---|---|--|---|---|---|--|--|
| Principal Place of Business 1035 S. BY-PASS VENICE FL-34292 | | Mailing Address 1035 S. BY-PASS VENICE FL 34292 | | | 40008893 | DII 1884 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | | 4. FEI Number 59-1939818 Applied Not App | | |
| Zip Country | | Zip | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | |
| MONTO PARENTE IN | | | | | Name | | |
| HINES, RALPH E, JR | | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1035 S. BY-PASS VENICE FL 34292 | | | | <u> </u> | | | |
| VENIOE ! | | | ļ | City | Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its regis | | | | | <u>.</u> | | |
| | tions of regist | | or the purpose of changing its | registere | ea office or register | ed agent, or both, in the State of Florida. I am familiar with, and a | accept |
| SIGNATURE | Signature, typed | or printed name of registered agent | and title if applicable. (NOT | E: Registered | l Agent signature required | when reinstating) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | |
| | | | f State | | | 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe | |
| | | | | 11. | | 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe | ees |
| Make Check 10. | vTD | OFFICERS AND | | TITLE | l | Trust Fund Contribution. | ees |
| Make Check | k Payable to | OFFICERS AND AY E 1601 | DIRECTORS | TITLE NAME STREE | l | Trust Fund Contribution. | ees |
| Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE | VTD HINES, KA PO BOX 1 VENICE FI PSD | OFFICERS AND OFFICERS AND AY E 1601 L 34284 | DIRECTORS | TITLE NAME STREE CITY- | ET ADDRESS ST-ZIP | Trust Fund Contribution. | ees |
| Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VTD HINES, KA PO BOX 1 VENICE FI PSD HINES, RA | OFFICERS AND OFFICERS AND AY E 1601 L 34284 ALPH E JR | DIRECTORS Delete | TITLE NAME STREE CITY- TITLE NAME | ET ADDRESS ST-ZIP | Trust Fund Contribution. | ees |
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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: