

2002 UNIFORM BUSINESS REPORT (UBR)

07-09-2002 90370 043 ***150.00

F35576

FILED

02 AUG 16 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F35576
1. Entity Name
DIMENSIONAL HAIR, INC.

Principal Place of Business Mailing Address
221-C W.WATERS AVE. 221-C W.WATERS AVE.
TAMPA FL 33604 TAMPA FL 33604

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 59-2093871		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MYERS, GLORIA 221-C W. WATERS AVENUE TAMPA FL 33604		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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (9/01)

Attachment

B0131740

F355-76

To: FL Dept. of State
For 2002 UBR



From: Entity Name is
Dimensional Hair Inc
Document # F35576

We Mailed our UBR on or before
April 30, 2002. Date on original CK# 4770
was April 19, 2002. We ~~Dropped~~^{Stopped} by the Post Office
to Dropoff rather than Just Rely on the Mail
Man, just like I would do for other govt
Documents.

We called your # on the Report to
find out what to do, ~~we~~ they said to send
this letter with a New CK#. We know the
Penalty is steep so that's why we made
sure we sent it on time. Sorry for
the inconvenience. This time we sent this
New Check Certified or with ever the Post
Man recommends to make sure we know it gets
to you. President Gloria E Meyer