2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69243

1. Entity Name

SEBASTIAN HAIRSTYLING, INC.



FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90113 002 ***150.00

Principal Place of Business * EDWARD BRUCE ADLER 1323 N CENTRAL AVENUE SEBASTIAN FL 32958		Mailing Address * EDWARD BRUCE ADLER 1323 N CENTRAL AVENUE SEBASTIAN FL 32958							
2. Principal P	lace of Business	3. Mailing Address					łi dial ł die li i	116XI 016IX 166I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4 . F	FEI Number 59-2167738		oplied For	
Zip Country		Zip Cou		try	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional		
	6. Name and Address of Current	Registered Agent	•		7. N	Name and Address of New Registered Ag	<u>_</u>		
	\$ 1.50 N & 12.5	i i vije e i i	5 No. 2	Name		products for a first of the first of the			
•	DWARD BRUCE ENTRAL AVENUE		1	Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		<u>-</u>	
	AN FL 32958								
OCUAOTIA	NATE 32500			City		FL	Zip Cod	e	
	named entity submits this statement friends of registered agent. Signature, typed or printed name of registered agent		· · ·	ed office or regis		ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	<u> </u>	11.			9. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AND B	Added	May Be I to Fees	
TITLE	SV OFFICERS AND	Delete	TITLE		AD		Change	Addition	
NAME Street Address City-St-Zip	ADLER, WILMA D 1323 N CENTRAL AVE SEBASTIAN FL 32958	∟ Deleta	NAME STREE	1		,	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, EDWARD BRUCE 1323 N CENTRAL AVE SEBASTIAN FL 32958	☐ Delete		ı		I	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e sample of the	. Defete		1	,		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Change	Addition	
TITLE Name Street address City-St-Zip	-	Delete .		l l			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	ertify that the information supplied with	Delete	CITY-	T ADDRESS ST-ZIP	Section 1	[119.07(3)(i), Florida Statutes. I further certif egal effect as if made under path; that I am	Change y that the in	☐ Addition	

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: