

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90425 023 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F94000004140**

1. Entity Name

BEYOND HAIR, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

568 MARSH LANDING PKWY.

Suite, Apt. #, etc.

3. Mailing Address

8100 E. 22ND ST. N.

Suite, Apt. #, etc.

BUILDING 200

City & State

JACKSONVILLE BEACH, FL

City & State

WICHITA, KS

4. FEI Number

48-1153427

Applied For

Not Applicable

Zip

32250

Country

Zip

67226

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RD.

City

PLANTATION

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is: \$150.00

After May 1, Fee is: \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SHELTON, JACK L. 8100 E 22nd ST. N. BLD 200 WICHITA, KS 67226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHELTON, GREG L. 8100 E 22nd ST. N. BLD 200 WICHITA, KS 67226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD O'CONNOR, DOUGLAS C. 8100 E 22nd ST. N. BLD 2000 WICHITA, KS 67226

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

316-685-9278

CR2E034B (12/01)