

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90362 027 ***150.00

DOCUMENT # G73294

1. Entity Name
SCIZZORS HAIRCUTTERS INC.



Principal Place of Business
5111-5 BAYMEADOWS RD
JACKSONVILLE FL 32217

Mailing Address
5111-5 BAYMEADOWS RD
JACKSONVILLE FL 32217

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 **59-2402538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WANDA S.
9031 CUMBERLAND FOREST WAY
JACKSONVILLE FL 32257

Name **IM, SAMAN L**
Street Address (P.O. Box Number is Not Acceptable)
12172 SILVER SADDLE DRIVE
City **JACKSONVILLE** **FL** **Zip Code** **32258**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

IM, SAMAN L.
(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **SMITH, WANDA**
STREET ADDRESS **9031 CUMBERLAND FOREST WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ **Change** ☒ **Addition**
NAME **IM, SAMAN L.**
STREET ADDRESS **12172 SILVER SADDLE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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: *[Signature]* **IM, SAMAN L.** **4/29/03** **904-733-2662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)