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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **G76158**

1. Entity Name

Principal Place of Business

THE DUTCHESS BEAUTY SUPPLY



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90060 050 ***150.00

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22. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEI Number 59-2353272 Applied For City 6. State 4. FEI Number 59-2353272 No. Applied For No. Appl	NAPLES FL 34103 US			NAPLES FL 34103 US							
City & State City & State City & State City & State Country Country S. Certificate of Status Deared \$8.75 Applicable \$9.75 Applicable	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
SP-285S272 Not Applicable SP-2	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RGRAYCEN, ELYEN 2210 N. TAMIAMI TRAIL NAPLES FL 34102 City City FL Zip Code 8. The above named entily submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, year or pressured agent. SIGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IT. MANE SIRET ADDRESS 101-51-78 ITILE MANE SIRET ADDRESS CITY-51-78 ITILE MANE SIRET ADDRESS CITY-51-79 THE MANE SIR	City & State	e		City & State	City & State		4.	FEI Number 59-2353272			
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12. Thereby 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 path; that I am an officer or director		Cartifu that the	information countries	ith this filing days as 1 - 1			Cantin	110 07/0V() Florid- 0-5-4- 1/		ation above the con-	· ·

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:

SIGN CONTROL SIGNING OFFICER OR DIRECTOR

4/22/03

Daytime Phone #

R2F034 /10/