.2004 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # H57295** 1. Entity Name JUST A HAIR BETTER, INC. 04-17-2001 90181 020 ***150.00 Principal Place of Business Mailing Address C/O LILLY SUE RAMSEY P.O. BOX 36054 7012 LILLIAN HWY. PENSACOLA FL 32516-6054 18666000 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business 5537 Shadow GROVE BLUN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2543210 PENSACOLA FL. ➤ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32526-1047 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMSEY, LILLY SUE Street Address (P.O. Box Number is Not Acceptable) 7012 LILLIAN HWY PENSACOLA FL 32506 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITL F ☐ Delete ☐ Addition NAME RAMSEY, LILLY SUE STREET ADDRESS 5537 SHADOW GROVE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 STD Change Addition Addition ☐ Delete TITLE TITLE RAMSEY, THOMAS P. JR. NAME NAME STREET ADDRESS STREET ADDRESS 5537 SHADOW GROVE BLVD. CITY-ST-ZIP CHY-ST-ZIP PENSACOLA FL 32526 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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