

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90088 016 ***150.00

МОРСКОЕ АВ

DOCUMENT #
1. Entity Name
SHARON AND COMPANY HAIR STYLING, INC.

Principal Place of Business
2878 S. OSCEOLA AVE.
ORLANDO FL 32806

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

Mailing Address
2878 S. OSCEOLA AVE.
ORLANDO FL 32806

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

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Barcode

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2537726
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEINBERG, CHARLES L.
2869 S. DELANY AVE.
ORLANDO FL 32806

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
PTD BRADFORD, SHARON 1879 ARLINGTON CT. LONGWOOD FL
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Bradford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 386-668-803
Date Daytime Phone #