


FILED
Apr 18, 2003 8:00 am
Secretary of State

00150004 001

DOCUMENT # J09505

1. Entity Name
THE UNLIMITED HAIR DESIGNS, INC.



Principal Place of Business
5727 STATE RD. 11
DELEON SPRINGS FL 32130
US

Mailing Address
5727 STATE RD. 11
DELEON SPRINGS FL 32130
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. FEI Number
59-2671181

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULMEISTER, JOYCE
5727 S.R 11
DE LEON SPRINGS FL 32130

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

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULMEISTER, JOYCE	
STREET ADDRESS	1813 SE HIDEAWAY CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
Signature and typed or printed name of signing officer or director Date 4/16/03 986-988-3924 Daytime Phone #

Attachment 90091998
#J09505

Address change for

#10 5727 State Rd 11
Delton Springs, FL
33830

James Schumacher, Jr.