2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # J25900 1. Entity Name EXPRESSIONS IN HAIR, INC. 03-05-2002 90136 041 ***150.00 Principal Place of Business Mailing Address 8435 4TH ST N 8435 4TH ST N ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3082523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BIGGS, CYNDA** Street Address (P.O. Box Number is Not Acceptable) 6672 69TH AVE NORTH PINELLAS PARK FL 34665 City 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F Addition Delete Change NAME **BIGGS, CYNDA** NAME STREET ADDRESS STREET ADDRESS 6672 69TH AVE N CITY-ST-ZIP PINELLAS PARK FL CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME **BIGGS, RICHARD** STREET ADDRESS STREET ADDRESS 6672 69TH AVE N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME **BIGGS, RICHARD** STREET ADDRESS STREET ADDRESS 5000 33RD AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE ☐ Delete TITLE ☐ Change Addition NAME BIGGS, CYNDA NAME STREET ADDRESS STREET ADDRESS 6672 69TH AVE NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED