

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J55931

FILED
Jan 13, 2002 8:00 AM
Secretary of State

Entity Name: HAIR TODAY - GONE TOMORROW, INC.

Current Principal Place of Business:

% SALLY HUDSON
10903 N DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

% SALLY HUDSON
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-2872377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, SALLY
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BANKS, CAROL LEE
Address: 15928 FARRINGHAM
City-St-Zip: TAMPA, FL

Title: DS () Delete
Name: HOSNER, DENISE
Address: 3403 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: DPT () Delete
Name: HUDSON, SALLY,
Address: 3539 GRAND FORKS DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ARTHUR, CAROLE
Address: 1005 PAMLICO DRIVE
City-St-Zip: CARY, NC 27511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY HUDSON

DIR

01/13/2002

Electronic Signature of Signing Officer or Director

_____ Date