

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91436 041 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56978
1. Entity Name GOOD LOOKS SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12041 SOUTHERN BLVD Suite, Apt. #, etc.	3. Mailing Address 12041 SOUTHERN BLVD Suite, Apt. #, etc.
City & State ROYAL PALM BEACH, FL	City & State LOXAHATCHEE, FL
Zip 33411	Country US

4. FEI Number 59-2756228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SICARY, DAVID A	
Street Address (P.O. Box Number is Not Acceptable) 150 KAPOK CREASANT	
City ROYAL PALM BEACH	Zip Code 33411

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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, DIR SICARY, DAVID A 150 KAPOK CREASANT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., DIR JOSE ROJAS 150 KAPOK CREASANT ROYAL PALM BEACH, FL 33411
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Sicary

DAVID A SICARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-003