

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0619721 AT

03-18-2002 90091 019 ***150.00

DOCUMENT # J74861

1. Entity Name
HAIR INVESTMENTS, INC.

Principal Place of Business
3913 ORIOLE AVE
106
SOUTH DAYTONA BEACH FL 32127
US

Mailing Address
403 WESTCHESTER COMMONS
WEXFORD PA 15090
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2858963		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, DOROTHY 3913 ORIOLE AVE 106 S DAYTONA BEACH FL 32127		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FISHER, MONICA		NAME	
STREET ADDRESS: 403 WESTCHESTER COMMONS		STREET ADDRESS	
CITY-ST-ZIP: WEXFORD PA 15090		CITY-ST-ZIP	
TITLE: VTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FISHER, JAMES		NAME	
STREET ADDRESS: 403 WESTCHESTER COMMONS		STREET ADDRESS	
CITY-ST-ZIP: WEXFORD PA 15090		CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME	
STREET ADDRESS:		STREET ADDRESS	
CITY-ST-ZIP:		CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME	
STREET ADDRESS:		STREET ADDRESS	
CITY-ST-ZIP:		CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME	
STREET ADDRESS:		STREET ADDRESS	
CITY-ST-ZIP:		CITY-ST-ZIP	

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: *James T. Fisher* **JAMES T. FISHER** **3-4-02** **724-934-2021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)