## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K12582** Feb 16, 2000 8:00 am **Secretary of State** E & D HAIR PRODUCTIONS, INC. 02-16-2000 90136 050 \*\*\*150.00 Principal Place of Business Mailing Address 3045 NORTH FEDERAL HIGHWAY. #44 3045 NORTH FEDERAL HIGHWAY. #44 FORT LAUDERDALE FL 33306-1415 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0035626 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent--6. Name and Address of Current Registered Agent Name LAWRENCE, ERIC D Street Address (P.O. Box Number is Not Acceptable) 3045 NORTH FEDERAL HIGHWAY, #44 FORT LAUDERDALE FL 33306 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change D ☐ Delete TITLE NAME LAWRENCE, ERIC D. NAME 3045 N. Federal Highway #44 Fort Lauderdola FL 33306-1415 STREET ADDRESS 2666 E. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Channe ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

FILL PRICE D. LAWRENCE PRES 2-5-00