

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # K92680

03 DEC 12 AM 11:39

1. Entity Name

MICHAEL SCOTT HAIR SALON, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10053 CLEARY BLVD

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

4. FEI Number

65-0131555

Applied For

Not Applicable

Zip

33324

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name SCOTT WOLK

Street Address (P.O. Box Number is Not Acceptable)  
11064 CANARY ISLAND CT.

City PLANTATION

FL

Zip Code 33324

DO NOT WRITE  
IN THIS SPACE

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

12/6/03

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to: Department of State

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SCOTT WOLK  
11064 CANARY ISLAND CT.  
PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
DONNA WOLK  
11064 CANARY ISLAND CT.  
PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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REINSTATEMENT 02-03  
*[Signature]*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/03

Date

Signature Phone \*

CR2E034B (12/01)

zclz

**MICHAEL SCOTT HAIR SALON, INC.**  
**10053 CLEARY BLVD.**  
**PLANTATION, FL 33324**  
**954-473-2323**

December 3, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find a check for \$335.00 (\$150.00 for 2003, \$150.00 for 2004 and \$35.00 to change the registered agent). I have not received my Uniform Business Report for the past two years. It was mailed to my prior address - 5796 S.W. 89<sup>th</sup> Way, Cooper City, Florida 33328. I have also completed a reinstatement form and would like to verify that you have my correct mailing address.

11064 Canary Island Ct.  
Plantation, FL 33324

Thank you in advance.

Very truly yours,



Scott Wolk, President