

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-14-2003 90046 005 *****55.00

DOCUMENT # L02000018498

1. Entity Name

HAIRCOLORXPRESS DEVELOPMENT PARTNERS OF TAMPA, LC



Principal Place of Business

Mailing Address

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 28078

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 28078

2. Principal Place of Business

3. Mailing Address

16740 Birkdale Commons Pkwy
Suite, Apt. #, etc.

16740 Birkdale Commons Pkwy
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Huntersville NC

Huntersville, NC

Zip

Country

Zip

Country

28078 USA

28078 USA

4. FEI Number

Applied For

54-2065880

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOR, JOEL A CPA
3184 ST. ANNES PLACE
BOCA RATON FL 33496

Name: Joel A Shor - CPA

Street Address (P.O. Box Number is Not Acceptable)

16130 Rio Del Paz

City Delray Beach

FL

Zip Code

33446

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. J. DATA	
STREET ADDRESS	16740 Birkdale Commons Pkwy Suite 210	
CITY-ST-ZIP	Huntersville, NC 28078	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlin Hershey	
STREET ADDRESS	16740 Birkdale Commons Pkwy Suite 210	
CITY-ST-ZIP	Huntersville, NC 28078	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Mahoney	
STREET ADDRESS	1640 South Stapley Drive Suite 128	
CITY-ST-ZIP	Mesa, AZ 85204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE DELETED

8-6-03

Date

704-895-6027

Daytime Phone #

CR2003 (4/03)