

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L13132

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA HAIR CARE, INC.

Current Principal Place of Business:

13799 PARK BLVD.
#307
SEMINOLE, FL 33776 US

Current Mailing Address:

13799 PARK BLVD.
#307
SEMINOLE, FL 33776 US

FEI Number: 59-2972731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

13799 PARK BLVD.
234
SEMINOLE, FL 33776 US

New Mailing Address:

13799 PARK BLVD.
234
SEMINOLE, FL 33776 US

Name and Address of Current Registered Agent:

WULFF, DOUGLAS
17900 GULF BLVD
16B
REDINGTON SHORES, FL 33708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WULFF, DOUGLAS O
Address: 17900 GULF BLVD #16B
City-St-Zip: REDINGTON SHORES, FL 33708

Title: DVPS () Delete
Name: WULFF, DIANNE J
Address: 17900 GULF BLVD 16B
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D (X) Delete
Name: WULFF, DEBRA A
Address: 12994 FIONA RD N
City-St-Zip: HUGO, MN 55038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS O. WULFF

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date