

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 013 ***150.00

DOCUMENT #

L 77177

1. Entity Name

MARGUERITE'S HAIR DESIGNERS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2152 S. 3rd ST

3. Mailing Address

2440 PEG LEG RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JAX

City & State

City & State

JAX Bch, FL

FL JAX, FL

Zip

Country

Zip

Country

32250

32224

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRED AHERN

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

2215 S. 3rd ST

City

JAX Bch

FL

Zip Code

32250

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARGUERITE TROUPE
2440 PEG LEG RD
JAX, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marguerite Troupe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 1-904 223-1573

Date

Daytime Phone #

CR2E034B (12/02)