2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000007492

VERO BEACH, FLORIDA CHAPTEROF THE SOCIETY FOR TH



E PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP Q Principal Place of Business Mailing Address UUUMUV~ 1236 42ND AVE 81 S HARBOR DR VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 55-0006954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEIS, FRED Street Address (P.O. Box Number is Not Acceptable) 81 S HARBOR DR VERO BEACH FL 32960 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. I am familiar with, and accept DEIS 4/21/03 TREASURER Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change KERSEY, NOEL R NAME NAME 1236 42ND AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Defete TITLE POTTER, GEORGE NAME NAME 5925 62ND LANE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32967 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DEIS, FRED NAME NAME 81 S HARBOR DR STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

4/21/03 772-564-8460

Change

☐ Addition

Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90104 024 ****61.25