

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

05-01-2003 91007 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000016186 1. Entity Name THE HAIR CONNECTION OF PLAM COAST, INC.				 70053976	
Principal Place of Business 1489 PALM COAST PKWY UNIT #3 PALM COAST, FL 32317		Mailing Address 1489 PALM COAST PKWY UNIT #3 PALM COAST, FL 32317			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3629427	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVY, BENJAMIN 2826 NORTH OCEANSHORE BLVD BEVERLY BEACH, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE: <u>Gail Liston</u> <u>Gail Liston</u> <u>4/29/03</u> (Signature, typed or printed name of registered agent, and title if applicable) (Typed or printed name of agent's qualified successor when necessary) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LISTON, GAIL 8 PELICAN LN FLAGLER BEACH, FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LISTON, TOM 8 PELICAN LN FLAGLER BEACH, FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gail Liston</u> <u>Gail Liston</u> <u>4/29/03</u> <u>386-447-0025</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #					

CFR2034 (10/02)