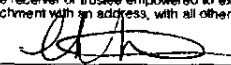


FILED
03 MAY -8 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P0000017316					
1. Entity Name HAIR WRAPS OF KEY WEST, INC.					
Principal Place of Business 310 DUVAL STREET KEY WEST, FL 33040			Mailing Address P.O. BOX 6383 KEY WEST, FL 33041-6383		
2. Principal Place of Business		3. Mailing Address 715 CHAPMAN LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State KEY WEST, FL		4. FEI Number 65-0984465	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33040	USA	33040	USA		
6. Name and Address of Current Registered Agent MEYERS, MARY BETH CPA WARD & MEYERS, L.L.C. 3201 FLAGLER AVENUE, SUITE 506 KEY WEST, FL 33040			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 _____ (NOTE: Registered Agent's signature is required when substituting)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW WITH FEE IS \$160.00. After May 1, 2003 fee will be \$650.00. Make Check Payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D/P/S/T	☐ Change ☐ Addition
NAME	RICHARD, DAVID P		NAME	CHRISTINA CLAPP	
STREET ADDRESS	2907 SEIDENBERG AVENUE		STREET ADDRESS	715 CHAPMAN LANE	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040 USA	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		CHRISTINA CLAPP		4/30/03 (305) 945 5677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Certificate Phone #	

ORF0334 (10/02)

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