

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

ATX1

<b>DOCUMENT #</b> P00000020598 <b>1. Entity Name</b>  CLASSIC HAIR AND NAILS SALON OF ORLANDO INC
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**FILED**

09 MAY -4 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 7743 REX HILL TRAIL Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7743 REX HILL TRAIL Suite, Apt. #, etc.
<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32818	<b>Country</b>

<b>4. FEI Number</b> 59-3629730	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> BARBARA RANDOLPH
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7743 REX HILL TRAIL
<b>City</b> ORLANDO
<b>FL</b>
<b>Zip Code</b> 32818

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**

**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> ALDERIDGE RANDOLPH 7743 REXHILL TRAIL ORLANDO, FL. 32818	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600155531796 05/06/09 01021 019 **158.75
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> BARBARA RANDOLPH 7743 REXHILL TRAIL ORLANDO, FL. 32818	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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:



BARBARA RANDOLPH

4/28/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #