

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000032411**1. Entity Name
HAAIR.COM, INC.**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90098 038 ***150.00

0011211

Principal Place of Business
**278 TALLEYRAND AVE.
JACKSONVILLE FL 32202**Mailing Address
**278 TALLEYRAND AVE.
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

4110 Southpoint Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

4. FFL Number

59-3635220

Applied For

Not Applicable

Zip

Country

Zip

Country

322165. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HEARN, ERIC L
501 W. BAY ST.
JACKSONVILLE FL 32202****7. Name and Address of New Registered Agent**

Name

John Scioscia

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

561 Lucerne Ave.

City

Tampa

FL

Zip Code

33606

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.

SIGNATURE

John Scioscia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICKETSON, CHRIS D
278 TALLEYRAND AVE.
JACKSONVILLE FL 32202**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCIOSCIA, JOHN P
561 LUCERNE AVE.
TAMPA FL 33606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Scioscia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

Daytime Phone #

CR2E034 (10/00)