## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P00000052080 BEAUTY SOURCE UNLIMITED, INC. 04-25-2001 90181 036 \*\*\*158.75 Principal Place of Business Mailing Address 8420 ULMERTON-ROAD #426 POST OFFICE-BOX 1116 INDIAN ROCKS BEACH FL 33785 LARGO 133771 U0041115 new adress 9942 INDIANKEY TRail 8300 Ulmenton Road #109 Semmole FL 33776 LARGO FL 3377/ 2. Principal Place of Business 3. Mailing Address 8300 LIMERTON ROAD 9942 INDIAN KEY TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sute #168 City & State 4. FEI Number Applied For Larco Seminole Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James and Diane Withers ALAN S. CHRISTNEB, JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 350 GULF BOUDEVARD 2 INDIAN KEY INDIAN ROCKS BEACH-FL 33785 City Seminole 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 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President President CR2E034 (10/00) Change TITLE ☐ Delete Tames W. Withers 9942 Indian Key Trail JAMES W. Withers NAME 9942 Indian Key TRAIL STREET ADDRESS STREET ADDRESS Seminole F 33776 Seminole FL CITY-ST-ZIP CITY-ST-ZIP Vac President VICE PRESIDENT Change TITLE Diane Withers NAME NAME Diane Withers 9942 INDIAN KEYTRAIL 9942 Indian KeyTRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITE F ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.