2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000053211 1. Entity Name VS STYLING INC. 04-28-2001 90054 035 ***150.00 Mailing Address Principal Place of Business 1741 KINGS HWY. 1741 KINGS HWY. KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business told Church St Salon Central 400 BOODEREST. Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 40LB Applied For City & State City & State CRICAGO (Not Applicable SSIMMER Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required uan 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTTON, VALERIE A Street Address (P.O. Box Number is Not Acceptable) 1741 KINGS HWY. KISSIMMEE FL 34744 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition □ Delete TITLE TITI F SUTTON, VALERIE A NAME NAME STREET ADDRESS 1741 KINGS HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF KISSIMMEE FL 34744 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Native A. Sutton Value Q. Sutton 407-870-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered.

I hereby certify that the information supplied with this filling 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