

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000101997**1. Entity Name
QUICKSILVER HAIR CO.Principal Place of Business
**3010 N. MILITARY TRAIL STE. 200
BOCA RATON FL 33431**Mailing Address
**3010 N. MILITARY TRAIL STE. 200
BOCA RATON FL 33431**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

FL

4. FEI Number

P00000101997

Applied For

☒ Not Applicable

Zip

33431

Zip

33431

Country

Palm Beach

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

ACE, BARBARA A
6031 BOCA COLONY DR., #412
BOCA RATON FL 33433Name **Barbara A. Ace**
Street Address (P.O. Box Number is Not Acceptable)
6031 Boca Colony Dr. # 412
City **Boca Raton**, FL **33433**

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

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

(NOTE: Registered Agent signature required when resigning)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ACE, BARBARA A	
STREET ADDRESS	6031 BOCA COLONY DR., #412	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 powers.

SIGNATURE:

Barbara A. Ace

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

9/9/01 56-3683957
56-982-8800 *21FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APPLIED for!01 OCT 17 PM 5:28
918330

DO NOT WRITE IN THIS SPACE

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CFR2034 (5/01)