2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # P00000106369 1. Entity Name PATSY'S HAIR FACTORY, INC. 01-15-2002 90063 040 ***150.00 Principal Place of Business Mailing Address 7421 HWY 301 S 7421 HWY 301 S RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3682346 Not Applicable Zip Country Zip 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 DEMLER, PATSY Street Address (P.O. Box Number is Not Acceptable) 9603 OAKRIDGE AVENUE **RIVERVIEW FL 33569** Zip Code City 8. The above named extinasubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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, 2002 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 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Addition TITLE NAME **DEMLER, PATSY** NAME STREET ADDRESS 9603 OAKRIDGE AVENUE STREET ADDRESS **RIVERVIEW FL 33569** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE SIMMONS JR, DOYLE I NAME NAME STREET ADDRESS 9603 OAKRIDGE AVENUE STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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