

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90049 020 ***150.00

| | |
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| DOCUMENT # P01000015473 | |
| 1. Entity Name | |
| Jill's Natural Hair Studio & Nail, Inc. | |

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94059031

| | | | |
|---|----------------|---------------------------|----------------|
| 2. Principal Place of Business 591 Floral Drive | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Kissimmee, FL | | City & State | |
| Zip 34743 | Country | Zip | Country |

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|--|--|
| 4. FEI Number 59-3694086 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 7. Name and Address of Current Registered Agent | |
| Name Gillian Sylvester | |
| Street Address (P.O. Box Number is Not Acceptable) 591 Floral Drive | |
| City Kissimmee, | FL Zip Code 34743 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Gillian Sylvester 591 Floral Drive Kissimmee, FL 34743 |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Gillian Sylvester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-04 (407) 931-1176