

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-12-2002 90267 023 ***150.00

DOCUMENT # P01000018315

1. Entity Name

HAIR BY STEEL MAGNOLIAS, INC.

Principal Place of Business

21301 POWERLINE RD. STE 101
BOCA RATON FL 33433

Mailing Address

8518 TOURMALINE BLVD
BOYNTON BEACH FL 33437

2. Principal Place of Business

21301 Powerline Rd. # 101

3. Mailing Address

8518 Tourmaline Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FLCity & State
Boynton Beach, FL

4. FEI Number

59-3715641

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Laverdure, Christine A.

8518 TOURMALINE BLVD
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Christine A. Laverdure

president

4/11/02

Signature, typed or printed name of registered agent and date of signature.

(If new registered agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 D Laverdure, Christine A.
 STREET ADDRESS 8518 Tourmaline Blvd.
 CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 empowered.

SIGNATURE:

Christine A. Laverdure president 2/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)