

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 016 ***150.00

DOCUMENT # P01000023606

1. Entity Name

Total Hair Concept

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 W. New England Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

Winter Park FL

City & State

4. FEI Number

593701258

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ = \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Bob Knowles

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

4109 Fairview Vista Pt 220

City

Orl

FL

Zip Code

32804

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 STREET ADDRESS CITY - ST - ZIP	<u>CEO</u> <u>Robert E Knowles</u> <u>4109 Fairview Vista Pt 220</u> <u>Orl FL 32804</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sang Yoon</u> <u>3878 Alden Pt</u> <u>APOLKA FL 32703</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Knowles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

CR2E034B (12/01)