

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90176 005 ***150.00



DOCUMENT # P 01 0000 28168 (L)
1. Entity Name
KC BEAUTY SUPPLY, NC

Principal Place of Business: 1205 W. Base St., Madison FL 32340
Mailing Address: 1205 W. Base St., Madison FL 32340

2. Principal Place of Business: 1205 West Base St.
Suite, Apt. #, etc.
3. Mailing Address: 1205 west Base St.
Suite, Apt. #, etc.

City & State: Madison FL 32340
Zip: Country
City & State: Madison FL 32340
Zip: Country

4. FEI Number: 59-3715230
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CHONG H. Kight
1205 West Base St.
Madison FL 32340

7. Name and Address of New Registered Agent
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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
like Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kight, Chong Hui 1205 West Base St Madison FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chong Hui Kight 8/20/03

CR2E034 (4/03)

Attachment
80143313

KC BEAUTY SUPPLY, INC.

1205 West Base Street, Madison, FL 32340

Telephone: (850) 973-6268

August 28, 2003

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report
P01000028168
YR 2003

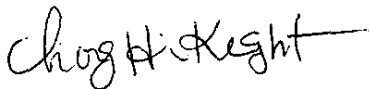
Dear Sir/madam:

I am submitting this renewal form along with \$ 150.00 fee. We did not receive the annual report renewal form. It is my understanding that the address was not changed properly. Accordingly, we prepared the form using blank form.

Please correct the address and since we never received the form and even any notice at all, I hope you would not charge any penalty.

I thank you for your consideration in this matter.

Very truly yours,



Chong Hui Kight