

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90157 039 \*\*\*150.00

DOCUMENT # P01000028438  
1. Entity Name HAIR BIZ of the TREASURE COAST INC ✓  
DBA Michael Joseph Salon

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2458 SE FEDERAL HWY</u> Suite, Apt. #, etc. <u>REGENCY SQUARE</u> City & State <u>STUART FL</u> Zip <u>34994</u> Country		3. Mailing Address <u>2400 S OCEAN DR</u> Suite, Apt. #, etc. <u>C 1111</u> City & State <u>Fort Pierce FL</u> Zip <u>34949</u> Country	
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4. FEI Number <u>65-1107648</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>EILEEN EMERY</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2400 S OCEAN DR</u>
<u>C 1111</u>
City <u>FT PIERCE</u> FL Zip Code <u>34949</u>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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) ☐

**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>PRESIDENT</u> <u>EILEEN EMERY</u> <u>2400 S OCEAN DR C 1111</u> <u>FT PIERCE FL 34949</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>MICHAEL MULLANY</u> <u>2400 S OCEAN DR C 1111</u> <u>FT PIERCE FL 34949</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MAN. DIRECTOR / SEC</u> <u>MARGARET CARMAN</u> <u>1211 Stonybrook DR</u> <u>GRAND Blanc, MI 48439</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Eileen Emery EILEEN EMERY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 772-465-5368  
Date Daytime Phone #

CR2E034B (12/01)