


FILED  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90065 040 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000032682</b>			
1. Entity Name <b>ROY'S VIP HAIR CARE, INC.</b>			
Principal Place of Business 1325 BRUTON BLVD ORLANDO, FL 32805		Mailing Address 1325 BRUTON BLVD ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3708677</b>		Applies For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MATTHEW, ROY 1325 BRUTON BLVD ORLANDO, FL 32805</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent Signature required when resigning) DATE _____			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	<b>MATTHEW, ROY</b>		
STREET ADDRESS	<b>1325 BRUTON BLVD</b>		
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>		
TITLE	STD	<input type="checkbox"/> Delete	
NAME	<b>MATTHEW, DEBRA</b>		
STREET ADDRESS	<b>1325 BRUTON BLVD</b>		
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: <u>Roy Matthew</u>		8/19/03 - 407-292-5823	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment

80146411



#P01000032682

1325 Burton Blvd  
Orlando, FL 32805

August 11, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: ROY'S VIP HAIR CARE, INC.  
Document #: P01000032682

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of this report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely

*Roy Matthew*

Roy Matthew  
President