

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040749

FILED  
Mar 24, 2003  
Secretary of State

Entity Name: WITNESS BARBERSHOP QUARTET, INC.

## Current Principal Place of Business:

8656 ALEXANDRITE CT  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

2910 KERRY FOREST PKWY  
D4-155  
TALLAHASSEE, FL 32309

## New Mailing Address:

FEI Number: 59-3714232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOX, RICHARD N  
215 SOUTH MONROE STREET STE 600  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HICKEY, JASON  
Address: 8656 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: WILLIAMS, RANDY  
Address: 3165 WHIRLAWAY TRAIL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: SMITH, KEVIN  
Address: 1318 SILVER MOON COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: SMITH, CHRIS  
Address: 1512 COPPERFIELD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON HICKEY

D

03/24/2003

Electronic Signature of Signing Officer or Director

Date