


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 039 ***150.00

0010041 AT

DOCUMENT # P01000047425	
1. Entity Name ANGELA HAIR, INC.	

Principal Place of Business 16701 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708	Mailing Address 16701 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708
---	---

2. Principal Place of Business 16701 Gulf Blvd.	3. Mailing Address 10301 Gulf Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201

City & State N. Redington Bch, FL	City & State Treasure Island, FL
Zip 33708	Zip 33706
Country USA	Country U.S.A.



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent FLEET, ANGELA 16701 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708	
---	--

4. FEI Number 59-3722174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FLEET, ANGELA 10301 GULF BLVD #201 TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete		
Fleet Angela CEO 10301 Gulf Blvd #201 Treasure Island	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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 another like empowered.

SIGNATURE: Angela Fleet, CEO **4/24/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)