

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90353 029 \*\*\*150.00

**DOCUMENT # P01000053214**

1. Entity Name  
**JD'S HAIR DESIGN, INC.**

Principal Place of Business      Mailing Address  
**2595 N MILITARY TRAIL**      **2595 N MILITARY TRAIL**  
**WEST PALM BEACH FL 33409**      **WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-1143161**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

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

**MILTON, DAPHNE L**  
**424 GALE PLACE**  
**WEST PALM BEACH FL 33409**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> MILTON, DAPHNE 424 GALE PLACE WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DIRECTOR</b> MILTON, DAPHNE 424 GALE PLACE WEST PALM BEACH, FL 33409
<input type="checkbox"/> Delete	<b>V</b> MILTON, NEVILLE 424 GALE PLACE WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DIRECTOR</b> MILTON, NEVILLE 424 GALE PLACE WEST PALM BEACH, FL 33409
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed, or on an attachment with an address, if the other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 (361) 478-2788  
 Date Daytime Phone #

CR2E034 (9/01)