## 2002 UNIFORM BUSINESS REPORT (UBR) P01000078221 **DOCUMENT #** 1. Entity Name GATOR BAY HAIR CO., INC.

## FILED Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90118 050 \*\*\*150.00

Principal Plac	e of Business	Mailing Address						
7830 STATE RD. 100. SUITE 6 KEYSTONE HEIGHTS FL 32656		7830 STATE RD. 100. SUITE 6 KEYSTONE HEIGHTS FL 32656						
2. Principal P	Place of Business	3. Mailing Address	-		<b>                                    </b>		A 14 <b>06</b> 1 9504 1601	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT	WRITE IN THIS SF	PACE		
City & State		City & State 4		4. FEI Number 59 - 375 / 5	<del></del>		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	red 🗇 \$	8.75 Ade	ditional	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of N	lew Registered Ag	jent ,		
			Name					
MORGAN, HELEN 7830 STATE RD. 100, SUITE 6			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
KEYSTON	IE HEIGHTS FL 32656							
			City		FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State	of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	:: Registered Agent signature requ	uired when reinstating)	DATE			
O Thin corns	pration 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 S					00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND D	DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE		[	Change	☐ Addition	
NAME STREET ADDRESS	MORGAN, HELEN 7830 STATE RD. 100, SUITE 6		NAME					
CITY-ST-ZIP	1000 SIAIL NO. 100, SOIL O		1					
TITLE	KEYSTONE HEIGHTS FL 32656		STREET ADDRESS CITY-ST-ZIP					
	KEYSTONE HEIGHTS FL 32656	☐ Delete	STREET ADDRESS			☐ Change	☐ Addition	
NAME	KEYSTONE HEIGHTS FL 32656	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			Change	☐ Addition	
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of the corporation or the receiver or trustee and accordate and that my signature and that my signatures are made and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #