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

## P01000081894 **DOCUMENT #**

1. Entity Name
MAJESTIC HAIR COMPANY



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90949 026 \*\*\*150.00

| Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANSES  City & State   Country   Zip   Country   S. Certification of Status Desired   Sept. Applied For Not Applied  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Sept. Status Desired   Sept. Se |                           |                          |   |                     |                            |               | OO WE IT               |   |  |                |                            |   |  |
|--|---------------------------|--------------------------|---|---------------------|----------------------------|---------------|------------------------|---|--|----------------|----------------------------|---|--|
| 2. Principal Place of Business  Suite, April # etc.  City & State  City & State | 6195 KRISTA D             | RIVE                     | s   | 6195                | KRISTA DRIVE               |               |                        |   |  |                |                            |   |  |
| City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificance of Status Desired  S. C | 2. Principal Pl           | ace of Busin             | ness  | <b>3.</b> Mai       | ling Address               |               |                        | -   | (  |                | #1 140 <b>8</b> 1 40160 18 | <u>                                      </u> |  |
| Zip Country Zip Country 5, Certificate of Status Desired New Registered Agent    Name   | Suite, Apt.               | #, etc.                  |   | Suit                | e, Apt. #, etc.            | .•            |                        | $\dashv$  | ☐ CHECK HERE   | IF MAKING      | CHANGES                    |   |  |
| Zip Country Zip Country 5, Certificate of Status Desired 58,75 Additional Fee Propulated  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent SIDS KRISTA DRIVE  SPRING HILL PL 34609  City FL Zip Code  City  | City & State              |                          |   | City                | & State                    |               |                        | 4.6   | FI Number Fo 0700047   | <del></del>    | Ар                         | plied For                                     |  |
| SERES, ANNA SIBERT AUGUSTS  SERES, ANNA SIBERT AUGUSTS  SERES, ANNA SIBERT AUGUSTS  SIBERT AUGUST  SIBERT AUGUST  SIBERT AUGUST  SIBERT AUGUST  SIBERT AUGUST  | City & State              | ;                        |   | Oily                | a siate                    |               |                        |   | 59-3738947   |                |                            | t Applicable                                  |  |
| SERES, ANNA 6195 KRISTA DRIVE SPRING HILL FL 34609  City  FL  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City | Zip Country               |                          |   |                     |                            | Count         | try                    | 5. 0  |  |                |                            |   |  |
| SERES, ANNA 6195 KRISTA DRIVE SPRING HILL FL 34609  City  City  FL  Zip Code  City  Added to Florida. I am: familiar with, and acc  City |                           | 6. Name                  | and Address of Curren   | t Registere         | ed Agent                   |               | Name                   | 7. N  | lame and Address of New R  | egistered A    | gent                       | <del></del>                                   |  |
| Side Address   Side   | CEDEC AN                  | JAIA                     | ray teres to the  | .= · ·              |                            |               | ·                      |   | 4.   |                |                            |   |  |
| SPRING HILL FL 34609  City FL Zip Code  City FL  |                           |                          |   |                     | Str                        |               |                        | treet Address (P.O. Box Number is Not Acceptable) |  |                |                            |   |  |
| 8. The abbove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident in biologications of registered agent.    Signature typind or privation and confidence agent and size if applicable.   (NOTE Registered Agent signature required when retristance)   DATE   |                           |                          | 09  |                     |                            |               |                        |   |  |                |                            |   |  |
| thé dibigiations of registered agent.    SIGNATURE   |                           |                          |   |                     |                            |               |                        |   |  |                | l'                         |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  | 8. The above the obligati | named entitions of regis | y submits this statement tered agent.   | for the purp        | oose of changing its       | registere     | ed office or regis     | tered ag  | ent, or both, in the State of Flo  | orida. I am fa | miliar with, a             | and accept                                    |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  | SIGNATURE =               |                          |   |                     |                            |               |                        |   |  |                |                            |   |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.   | 1.3 1. 2/5                | Signature, typed         | or printed name of registered agei  | nt and title if app | olicable. (NOT             | E: Registered | d Agent signature requ | uired when re                                     | einstating)  | DATE           |                            |   |  |
| 11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.  | After                     | May 1, 20                | 03 Fee will be \$550.00   | ) ·                 |                            |               |                        |   | · -  |                |                            |   |  |
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| 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is proportionally an applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is proportionally an applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is proportionally applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification is proportionally applied with this filling does not proport in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification is proportionally applied with this filling does not proport in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification is proportionally applied by the same lead in the exemption of the exemption is proportionally applied by the exemption of the exemption is proportionally applied by the exemption is proportionally applied by the exemption of the exemption is proportionally applied by the exemption of the exem | 12. Thereby               | certify that the         | ne information supplied w   | ith this filing     | does not qualify for       | or the exe    | mption stated in       | Section   | 119.07(3)(i), Florida Statutes.  | I further cert | ify that the in            | nformation                                    |  |

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: a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.03 (35a)681-3440