

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90001-031-\$550.00-\$550.00

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DOCUMENT # P02000000638

1. Entity Name  
THE HAIR WITCH, INC.



03 OCT 14 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1632 S3 5TH ST.  
DEERFIELD BEACH FL 33441

Mailing Address  
1632 S3 5TH ST.  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3585805

☒ Applied For  
☐ 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

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST., 4TH FL  
MIAMI FL 33145

Name David Turbeville  
Street Address (P.O.-Box Number is Not Acceptable)  
1632 SE 5th Street  
Deerfield Beach, FL 33441  
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

*David Turbeville*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/03

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OPS  
NAME TURBEVILLE, DANA M  
STREET ADDRESS 1632 S3 5TH ST  
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVT  
NAME TURBEVILLE, DAVID B  
STREET ADDRESS 1632 S3 5TH ST  
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

*David Turbeville*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/03 954 295 332

CR2E034 (4/03)