07-11-2003 90054 048 ***150.00
P02000008404

FILED
Oct 27, 2003 08:00 AM
Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008404

1. Entity Name: Gentlemen's Touch Barbershop, inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1206 S. Dixie Hwy	1206 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Florida	City & State: Hollywood Florida
Zip: 33020 Country: USA	Zip: 33020 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0589223 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tommy Wright
Street Address (P.O. Box Number is Not Acceptable): 1206 South Dixie Hwy
City: Hollywood FL Zip Code: 33020

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

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Tommy Wright
STREET ADDRESS	1206 S. Dixie Hwy
CITY-ST-ZIP	Hollywood, FL 33020

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tommy Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Jul 07 03 02:10p Jonathan Sharp 954 659 9949 p.1

Dear Division of Corporations,

I Jonny Wright would like to request a waiver for the penalty charge of my account, due to the fact I never received the reinstatement form. When I discovered that the bill was due every year from my accountant. I called your office and then got the form off the computer. I sent the letter of explanation and $150.00. When I got the notice of dissolution & reinstation a few days ago the month of Sept 2003. I called your office and I was told you all never received the first letter ~~but~~ but my 150.00 check was cashed I would apreciate it if this matter was resolved A.S.A.P. If you have any questions please Call me at

954-927-0601 work
954 547-6615 cell
Document N.O. P02000084404

Sincerly
Jonny Wright