


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90024 004 \*\*\*158.75

DOCUMENT # <b>PO2000010782</b>	
1. Entity Name <b>The HAIR EXPERTS INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**50056247**

2. Principal Place of Business <b>1400 HAND AVE</b>	3. Mailing Address <b>P.O. Box 730816</b>
Suite, Apt. #, etc. <b>STE I</b>	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>ORMOND Beach, FL</b>	City & State <b>ORMOND Beach, FL</b>	4. FEI Number <b>30-0078731</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32174</b>	Country <b>USA</b>	Zip <b>32173</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>SHIRLEY C. GAY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>834 S. Beach St</b>	
City <b>ORMOND Beach</b>	Zip Code <b>FL 32174</b>

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 *Shirley C. Gay* **pres** DATE *July 18, 05*  
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DONALD L GAY</b> <b>834 S. Beach St</b> <b>ORMOND Beach, FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET  
CITY-ST

*July 18, 05*

*Heiler, Slogar,*

*I called to get this form for renewal - I did not get a form because I moved - the form was going to my old address - then to this I only need to send you 150.00 .. Thank you Shirley C. Gay pres*

12. If indicated on this report or supplemental report is true and accurate and that my signature upon these the same legal process 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 on an attachment with an address with all other like empowered

SIGNATURE: *Shirley C. Gay* **July 18, 05** **386-672-3208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)