

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90111 029 ***150.00

0010670 AV

DOCUMENT # P02000051397

1. Entity Name

JUSTINE'S HAIRSTYLISTS PLUS, INC.



Principal Place of Business
**145 S. ORLANDO AVENUE
SUITE 6
MAITLAND FL 32751**

Mailing Address
**145 S. ORLANDO AVENUE
SUITE 6
MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-091247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHMIELEWSKI, JUSTINE J
145 S. ORLANDO AVENUE
SUITE 6
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**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

TITLE **D** ☐ Delete
NAME **CHMIELEWSKI, JUSTINE**
STREET ADDRESS **145 S. ORLANDO AVENUE SUITE 6**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03 X **Mary Riley, CPA**
407-699-8639
TIC = 2003-340-2128

CR2E034 (4/03)

Attachment #

Justines

HAIRSTYLISTS *Plus*

145 S. Orlando Avenue, Suite 6

Maitland, FL 32751

407-644-0168

90146121

PO200051397

July 22, 2003

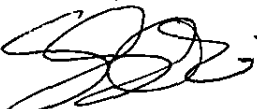
Uniform Business Reports
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Representative,

Being a new Corporation, I have made a point of properly filing all important papers. This the first time I have seen a renewal for the Uniform Business Report. Please consider waiving the \$400.00 late fee for my Uniform Business Report. I have enclosed the form along with the \$150.00 filing fee.

I will make a point of watching for this important document in the future.

Cordially,



Justine J. Chmielewski
President