

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 044 ***150.00

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

DOCUMENT # P02000055619
 1. Entity Name
COMPANY HAIR STUDIO OF NAPLES, INC.



Principal Place of Business
 2271 FIRST ST #41
 FT MYERS, FL 33901

Mailing Address
 2271 FIRST ST #41
 FT MYERS, FL 33901

11023668

2. Principal Place of Business
2733 MICHIGAN AVE.

3. Mailing Address
2733 MICHIGAN AVE.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS, FLA.

City & State
FT. MYERS, FLA.

Zip
33916

Country
LEE

4. FEI Number
51-0420672

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
COOPER, JAMES F
2271 FIRST ST #41
FT MYERS, FL 33901

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Next Registered Agent
 Name
SAME
 Street Address (P.O. Box Number is Not Acceptable)
2733 MICHIGAN AVE.
 City
FT. MYERS, FL Zip Code
33916

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

FILE AGAIN!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COOPER, QJAMES F 2271 FIRST ST #41 FT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2733 MICHIGAN AVE. FT. MYERS, FLA., 33916
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CR2E004 (10/02)

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: **JAMES F. COOPER, PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-24-2003** Register Phone #