FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90076 014 ***150.00

DOCUMENT # P02000072613

1. Entity Name BARBER + MORE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10012 GRIFFIN RD	10012 GRIFFIN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOPER CITY FL	City & State: COOPER CITY FL
Zip: 33330 Country: US	Zip: 33330 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2173506 ☐ 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: CYNTHIA A ROMANELLI

Street Address (P.O. Box Number is Not Acceptable): 10012 Griffin Road

City: Cooper City FL Zip Code: 33330

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: Cynthia A. Romanelli 3-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD
NAME	CYNTHIA A ROMANELLI
STREET ADDRESS	2445 SW 18 Terrace #307
CITY-ST-ZIP	FT Laud. FL 33315
TITLE	SD
NAME	JEFFREY S COX
STREET ADDRESS	2445 SW 18 Terrace #307
CITY-ST-ZIP	FT Laud. FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: Cynthia A. Romanelli 3/15/03 954-680-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #