


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # P02000088062	
1. Entity Name SHARPER IMAGE UNISEX BARBER SHOP INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 12:50

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

03

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2. Principal Place of Business 4202 E Buoch Blvd Suite, Apt. #, etc. 7		3. Mailing Address 4202 E Buoch Blvd Suite, Apt. #, etc. Suite 7	
City & State Tampa, FL		City & State Tampa FL	
Zip 33602	Country USA	Zip 33602	Country USA
4. FEI Number 03-0533307		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SAMUEL WILSON
Street Address (P.O. Box Number is Not Acceptable) 4202 E Buoch Blvd, Suite 7
City Tampa FL Zip 33602

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 **12-29-03**
(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	PVST SAMUEL WILSON 4202 E Buoch Blvd # 7 Tampa FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600025890536 12/31/03--01042--004 **150.00-
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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 another like or otherwise.

SIGNATURE:  DATE **12-29-03**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)