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

## FILED Feb 17, 2003 8:00 am Secretary of State

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DOCUMENT#  1. Entity Name POZODOO 94453  NADIEN'S BEAUTY SUPPLY, IN	C.	
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Suite, Apt # Suite   S	1. Entity Name	POZODOO	994453 Supply,	INC.	02-17-2003 90249	9 009 ***150.00
Suite Act # 10 Country   Suite Act # 610   DO NOT WRITE IN THIS SPACE    ### Application of States Desired   St. 75 Additional Per Required  ### Application   St. 75 Additional Per Required  ### A	DO	NOT WRIT	E IN THIS	SPACE		
Suite Apt # etc.  Suite Apt #	2. Principal Place of I	Business	3. Mailing Address	3	4	
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Security	DR BOKSU	ILLE F.L	City & State		4. FEL Number 0640338	<del></del>
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 termiliar with, and accept the obligations of registered agent.    Signature   1	34601	Country USA	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
IN THIS SPACE  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:  Sig		en de la companya de Pengangan de la companya de la comp			7. Name and Address of Current Register	
IN THIS SPACE  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    Spallion lycool or printed name of registerial agent and lite if acceptable. (MOTE Registered Agent agents)   DATE   Spallion lycool or printed name of registerial agent and lite if acceptable. (MOTE Registered Agent agents)   DATE   Spallion lycool or printed name of registerial agent and lite if acceptable. (MOTE Registered Agent agents)   DATE   Spallion lycool or printed name of registerial agent and lite if acceptable. (MOTE Registered Agent agents)   DATE   Spallion lycool or printed name of registerial agents ag	The second secon	DONOT	A/DITE	Name		
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatury 1: May 1: Fee is \$150.00  After May 1: Fee is \$50.00  After May 2: Fee is \$50.00  After May 2: Fee is \$50.00  After May 3: Fee is \$50.00  After May 4: Fee is \$50.00  After May 5: F	and the second s	重新的性别是"无工术"世界"专工工程"	<b>547.0 图形数 图代物时间 图图形</b> 型 提	= Street Address	(P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signatury 1: May 1: Fee is \$150.00   After May 1: Fee is \$50.00   After May 1: Fee is \$50.0		IN THIS S	PACE			
B. 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   Supplementation   Supplemen				City	-	Zin Code
SIGNATURE  January 1: May 1: Fee is \$150.00  After May 1: Fee is \$55.00.00  After May 1: Fee is \$55.00  Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MAKE  STREET ADDRESS  OTY ST. 29  STREET ADDRESS  S	R The above named	antity submits this statemen	at for the oursees of change	in the second of		<b>L</b>   '
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #