2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 21 AM 10:43

DOCUMENT # P02000100421

1. Entity Name
KEN HAZLETT HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
2105 LAVERS CIR #301 DELRAY BEACH, FL 33444	2105 LAVERS CIR #301 DELRAY BEACH, FL 33444

5/14/03 60011 003
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
366 SE 5TH AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL.	City & State
Zip: 33483 Country: PBC	Zip Country

4. FEI Number: 16-1627998 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTGOMERY, KENNETH 2105 LAVERS CIR #301 DELRAY BEACH, FL 33444	Name: KENNETH HAZLETT Street Address (P.O. Box Number Is Not Acceptable): 2105 LAVERS CIRCLE #301 City: DELRAY BEACH FL Zip Code: 33444

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: Kenneth Hazlett KENNETH HAZLETT 8/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, KENNETH 2105 LAVERS CIR #301 DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O THOMAS HAZLETT 2105 LAVERS CIRCLE #301 DELRAY BCH. FL. 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O JANE MONTGOMERY 2105 LAVERS CIRCLE #301 DELRAY BCH. FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KENNETH HAZLETT 2105 LAVERS CIRCLE #301 DELRAY BCH. FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (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: Kenneth Montgomery 8/18/03 561-266-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/21