2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000100421

1. Entity Name
KEN HAZLETT HAIR DESIGN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 21 AM 10:43

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

Mailing Address
2105 LAVERS CIR #301
DELRAY BEACH, FL 33444

5/14/03 60011 003

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
366 SE 5TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
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
MONTGOMERY, KENNETH
2105 LAVERS CIR #301
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
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 resigning) 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, KENNETH	NAME	
STREET ADDRESS	2105 LAVERS CIR #301	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	
TITLE	O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS HAZLETT	NAME	
STREET ADDRESS	2105 LAVERS CIRCLE #301	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL. 33444	CITY-ST-ZIP	
TITLE	O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANE MONTGOMERY	NAME	
STREET ADDRESS	2105 LAVERS CIRCLE #301	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33444	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNETH HAZLETT	NAME	
STREET ADDRESS	2105 LAVERS CIRCLE #301	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33444	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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