

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90312 044 \*\*\*150.00

0269910 AV

**DOCUMENT # P02000116393**

**1. Entity Name**  
**JACKIE'S CREATIONS HAIR UNLIMITED, INC.**



**Principal Place of Business**  
**18495 S DIXIE HWY. PMB 172**  
**MIAMI FL 33157**

**Mailing Address**  
**18495 S DIXIE HWY. PMB 172**  
**MIAMI FL 33157**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

22 388 050 1

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**

**CHAMBLISS, JACQUELINE L**  
**15902 SW 95TH AVE #210W**  
**MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33157

**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**

*Jacqueline L Chambliss*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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** PCEO ☐ Delete  
**NAME** CHAMBLISS, JACQUELINE L  
**STREET ADDRESS** 15902 SW 95TH AVE #210W  
**CITY-ST-ZIP** MIAMI FL 33157

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VCEO ☐ Delete  
**NAME** CHAMBLISS, AUTRY  
**STREET ADDRESS** 15902 SW 95TH AVE #210W  
**CITY-ST-ZIP** MIAMI FL 33157

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Jacqueline L Chambliss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 365 230 9787

CR2E034 (10/02)