

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91424 048 ***150.00

DOCUMENT # P02000116695	
1. Entity Name HARD-HEADED WOMAN, INC.	

Principal Place of Business 1642 ADAMS ST. SEBASTIAN FL 32958	Mailing Address P.O. BOX 781012 SEBASTIAN FL 32978
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSS, LAUREL N 1642 ADAMS ST. SEBASTIAN FL 32958	7. Name and Address of New Registered Agent Name LAUREL McLEOD NICHOLS Street Address (P.O. Box Number is Not Acceptable) 1642 ADAMS ST City SEBASTIAN FL Zip Code 32958
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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 *Laurel McLeod Nichols* (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAUREL NICHOLS 1642 ADAMS ST-SEBASTIAN, FL 32958 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Laurel McLeod Nichols* 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

55042331

P02000116695

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR INDIAN RIVER COUNTY, FLORIDA

CASE NO. 03-0099-FR03

IN RE: THE NAME CHANGE OF

LAUREL NICHOLS BLISS

Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME
(ADULT)

THIS CAUSE having come before the Court on March 10, 2003 for a hearing
on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing
to the Court that:

- A. Petitioner is a bona fide resident of Indian River County, Florida;
- B. Petitioner's request is not for any ulterior or illegal purpose and granting this petition will
not in any manner invade the property rights of others, whether partnership, patent,
good will, privacy, trademark, or otherwise, it is thus

ORDERED AND ADJUDGED that Petitioner's name is changed from

Laurel Nichols Bliss to Laurel McLeod Nichols by which
Petitioner shall hereafter be known.

ORDERED at Vero Beach, Florida on March 12, 2003.


PAUL B. KANAREK
CIRCUIT JUDGE

COPIES TO:
Petitioner

STATE OF FLORIDA
INDIAN RIVER COUNTY

THIS IS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THIS OFFICE.



J.K. BARTON, CLERK

BY 
DEPUTY CLERK

DATE March 13, 2003