2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

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

DOCUMENT # P02000128812 05-05-2003 90316 021 ***150.00 1. Entity Name SOUTHERNLISTIC II HAIR & NAIL SALON INC Principal Place of Business Mailing Address 11035230 1331 PALMDALE STREET 1331 PALMDALE STREET JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 030 49 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOLDEN, LEONARD B Street Address (P.O. Box Number is Not Acceptable) 1331 PALMDALE STREET JACKSONVILLE FL 32208 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TITLE mer Poller NAME NAME Leonard Bernard Bolden STREET ADDRESS STREET ADDRESS 1331 Palm dale St Jax 71 32208 CITY~ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Vice President ☐ Change ☐ Addition NAME NAME awarance D.T STREET ADDRESS STREET ADDRESS 1831 Palmdake 27. Jax Ha 32208 CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ∠ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: