

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 030 ***150.00

DOCUMENT # **P02000129235**

1. Entity Name

Precise Styling Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2365 NW 109th Ave

Suite, Apt. #, etc.

3. Mailing Address

2365 NW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL 33322

City & State

Sunrise

4. FEI Number

55-0807787

Applied For

Not Applicable

Zip

Country

USA

Zip

Florida

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lass Accounting

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

8428 W Oakland PK Blvd

City

Sunrise

FL

Zip Code

33351

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Luth Liverpool

(Accountant)

5-9-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
WILLIAM MARSHALL
2365 NW 109th Ave
Sunrise, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V PRESIDENT
ANTHONY MARSHALL
2365 NW 109th Ave
Sunrise, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**OFFICER
DENNIS CLARKE
4002 HARPER AVE
Bronx, NY 10466**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luth Liverpool

Accountant

5/9/03

954-746-5011

Date

Daytime Phone #