

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2006 8:00 am K1
Secretary of State

03-22-2006 90029 026 ***150.00

DOCUMENT #	P04000140347
1. Entity Name	
HAIR DESIGNS BY VANESSA, INC.	

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50004701

2. Principal Place of Business		3. Mailing Address	
2250 SHOMA DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
WELLINGTON, FL			
Zip	Country	Zip	Country
33414			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
57-1213244	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
VANESSA ROBINSON	
Street Address (P.O. Box Number is Not Acceptable)	
2250 SHOMA DR	
City	Zip Code
WELLINGTON, FL	33414

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

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	PRESIDENT
NAME	VANESSA ROBINSON
STREET ADDRESS	2250 SHOMA DR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
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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

Date

Daytime Phone #