

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90059 036 ***150.00

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DOCUMENT # P92000001295

1. Entity Name
LORRAINE'S HAIR DESIGN, INC.



Principal Place of Business
**1208 OLD STICKNEY PT RD
SARASOTA FL 34242
US**

Mailing Address
**1208 OLD STICKNEY PT RD
SARASOTA FL 34242
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0366904**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENNETT, LORRAINE
1208 OLD STICKNEY POINT RD.
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME	P BENNETT, LORRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	1208 OLD STICKNEY PT RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	ST MEADERS, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1208 OLD STICKNEY PT RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	ST Stephanie Bennett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1208 Old Stickney Pt. Rd.	
CITY-ST-ZIP	Sarasota FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

~~Attachment~~

801352165
992000001290

To whom it may concern:

We never recieved our
first notice and hope
150.00 is acceptable.

Thank You

Lorraine's Hair Design