FILED
Jul 02, 2002 8:00 am
Secretary of State
04-23-2002 90408 036 ***150.00

95970

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011499

1. Entity Name
SUPA VALU HAIR CARE CENTERS, INC.

Principal Place of Business	Mailing Address
6019 26TH ST W BRADENTON FL 34207	6019 26TH ST W BRADENTON FL 34207

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0378312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULKS TAX ACCOUNTY, INC
5823 28TH ST W
BRADENTON FL 34207

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROSS, HENRY H 3234 NW 28 WAY BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROSS, HENRY H 5918 SAYLERS CREEK CT BRADENTON FL 34203	☑ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROSS, TOBY 3234 NW 28TH WAY BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROSS, TOBY 5918 SAYLERS CREEK CT BRADENTON FL 34203	☐ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSS, DAVID 3234 NW 28TH WAY BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSS, DAVID 2989 GENOA WAY DEIRAY BEACH FL 33445	☑ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LINDA ROSS 5918 SAYLER CR CT BRADENTON FL 34203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY # 110 W LINDA ROSS 3920 N SEVELT BLVD KEY WEST FL 33040	☑ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry H Ross 4-2-02 941-755-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #