

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90007 002 ***150.00

DOCUMENT # P93000013597

1. Entity Name
STREET STYLES HAIR, INC.

Principal Place of Business
**103400 OVERSEAS HIGHWAY
 SUITE-121
 KEY LARGO FL 33037**

Mailing Address
**103400 OVERSEAS HIGHWAY
 SUITE-121
 KEY LARGO FL 33037**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**103400 Overseas Hwy
 Suite 118**

3. Mailing Address
**103400 Overseas Hwy
 Suite 118**

City & State
Key Largo FL
 Zip **33037** Country **USA**

City & State
Key Largo, FL 33037
 Zip **33037** Country **USA**

4. FEI Number **65-0401136**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CREASMAN, GERALD E CPA
 9245 SW 157 ST
 SUITE-105
 MIAMI FL 33157**

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

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

TITLE **P** ☐ Delete
 NAME **PROBERT STEVE**
 STREET ADDRESS **# 128 KYHGO KAMPGROUND**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **S** ☐ Delete
 NAME **PROBERT SUSAN**
 STREET ADDRESS **# 128 KYLGO KAMPGROUND**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **25 Snapper Ave**
 CITY-ST-ZIP **Key Largo, FL 33037**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **25 Snapper Ave**
 CITY-ST-ZIP **Key Largo FL 33037**

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **JAN 8/02** Daytime Phone # **451-3988**

CR2E034 (9/01)