

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000039208

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: BYRDFINGERS HAIR DESIGNS, INC.

Current Principal Place of Business:

10905 SE HWY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

10905 SE HWY 441
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 59-3186905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, JOANN
2840 SW 162ND LANE
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BYRD, JOANN
Address: 2840 SW 162ND LANE
City-St-Zip: Ocala, FL 34473

Title: SEC () Delete
Name: JONES, LINDA
Address: 2840 SW 162ND LANE
City-St-Zip: Ocala, FL 34473

Title: VP () Delete
Name: HOGAN, JUANITA
Address: 306 OAK TRACK COURSE
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN BYRD

PSTD

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date