

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90201 007 \*\*\*150.00

0440306 AV

**DOCUMENT # P93000052248**



1. Entity Name  
**4 SISTERS' SALON, INCORPORATED**

Principal Place of Business  
**933 OAKFIELD DR  
BRANDON FL 33511  
US**

Mailing Address  
**933 OAKFIELD DR  
BRANDON FL 33511  
US**

2. Principal Place of Business  
**933 Oakfield Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**933 Oakfield Dr.**  
Suite, Apt. #, etc.

City & State  
**Brandon, Fl.**

City & State  
**Brandon, Fl.**

Zip  
**33511**

Country  
**USA**

Zip  
**33511**

Country  
**USA**

4. FEI Number **59-3193855**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, KIM A  
701 PINEWALK DR  
BRANDON FL 33510**

Name  
**Kim A. Barnes**

Street Address (P.O. Box Number is Not Acceptable)  
**701 Pinewalk Dr.**

City  
**Brandon, FL**

Zip Code  
**33510**

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 *Kim A. Barnes* **Kim A. Barnes** *April 22, 2003*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Fee 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM SAIBI, DEBORAH 1623 CARTER OAKS DR VALRICO FL 33594</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Saibi* **Deborah Saibi** *4/22/03* *813 654 3337*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)