2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)								FILED Feb 21, 2002 8:00 am				
1. Entity Name				0070721				Secretary of State				
MISSY'S	HAIR STU	IDIO, IN	NC.					02-21-2002 90	0150 024	***150.	00	
Principal Place of Business 7540 US HWY 1 SUITE 102 LANTANA FL 33462				Mailing Address 7540 US HWY 1 SUITE 102 LANTANA FL 33462								
Principal Place of Business 3. Mailing Address										.		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. F	65-0466336			oplied For ot Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. N	lame and Address of New Re	gistered Aç	jent		
ALBRICUT AFFLOOA M						Name						
ALBRIGHT, MELISSA M 7540 US HWY 1					Street Add	Street Address (P.O. Box Number is Not Acceptable)						
SUITE-102												
LANTANA FL 33462						City		FL Zip Code				
SIGNATURE	Signature, typed or	r printed name	e of registered agent and	title if applicable. (NO	TE: Registere	d Agent signature	required when re	ent, or both, in the State of Flor	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 St.			0.00					
11.		0	FFICERS AND DIF		12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	PIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D Albright, 7540 US H Lantana	WY 1, S	UITE 103	□ Delete					(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			<u> </u>		ا	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .			[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	☐ Addition	
indicated of the cor	on this report or the	or suppler receiver (mental report is tru or trustee empowe	e and accurate and that i	my signat t as requir	ure shall hav	e the same le	I 19.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name	th; that I am	an officer	or director	

JAN 2 3 2002

Daytime Phone #