

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90073 027 ***150.00

DOCUMENT # P94000025369

1. Entity Name

IMAGES HAIR DESIGNERS, INC.



Principal Place of Business

**13820 LITTLE RD
HUDSON FL 34667
US**

Mailing Address

**13820 LITTLE RD
HUDSON FL 34667
US**

2. Principal Place of Business

13820 LITTLE ROAD

3. Mailing Address

13820 LITTLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON

City & State

HUDSON

4. FEI Number

59-3241751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLE, GORDON NEW ADDRESS

**430 PORTLAND AVE
SPRING HILL FL 34606**

**11839 ARANDA COURT
HUDSON
FL 34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gordon Cole GORDON COLE

1-10-03.

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

Make 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

TITLE **DP** ☐ Delete
NAME **COLE, WANDA**
STREET ADDRESS **430 PORTLAND AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **DST** ☐ Delete
NAME **COLE, GORDON**
STREET ADDRESS **430 PORTLAND AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NEW ADDRESS** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1183 ARANDA COURT**
CITY-ST-ZIP **HUDSON FLORIDA 3467**

TITLE **AS ABOVE.** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED GORDON COLE

1-10-03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)