2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

13820 LITTLE RD

Zip 34667

8. The abov

Principal Place of Business

IMAGES HAIR DESIGNERS, INC.

HUDSON



4. FEL!

5. Certi

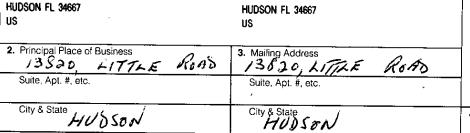
7. Nam

Street Address (P.O. Box N

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

01-14-2003 90073 027 ***150.00

000025369	
Mailing Address	
13820 LITTLE RD	
HUDSON FL 34667	





Number 50-22/1751		Applied For		
59-3241751		Not Applicable		
ficate of Status Desired		\$8.75 Additional Fee Required		
e and Address of New Reg	istere	d Agent-		

COLE, GORDON NEW A	by exss
430 PORTLAND AVE SPRING HILL FL 34606	11839, ARANDA COURT HUDSON
	FL 34667

6. Name and Address of Current Registered Agent

· · · · · · · · · · · · · · · · · · ·	. ~	FL (
e named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida	Lam familiar with and asset
stions of registered agent	a series of registered agent, or both, in the state of horida.	т анттантінає мівт, апо ассері

City

Country

the obligations of registered agent.

GNATURE	_ Gordon &	ole
	Signature, typed or printed name of registe	red anent :

GORSON and title if applicable (NOTE: Registered Agent signature required when reinstating)

34667

1-10-03.

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

Zip Code

10.	OFFICERS AND DIDECTOR		4					
	OFFICERS AND DIRECTOR		11.	ADI	DITIONS/CHANGES	STO OFFICERS AN	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP COLE, WANDA 430 PORTLAND AVENUE SPRING HILL FL 34606	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEVA A 1183, HU	ARANDA DSON FLORIDA ABOVE.	COURT 3467	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DST COLE, GORDON 430 PORTLAND AVENUE SPRING HILL FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS	ABOVE.		☐ Change	☐ 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:

Daytime Phone #