2000 UNIFORM BUSINESS REPORT (UBR)

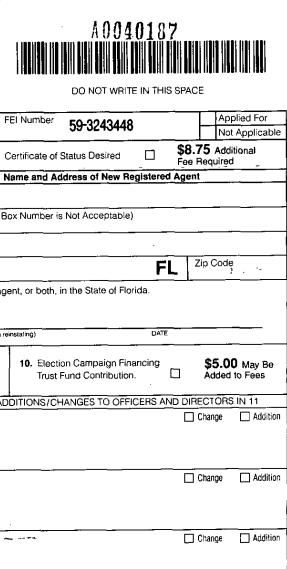
DOCUMENT # **P94000040121**

FLORIDA HAIR SUPPLIES, INC.

Mailing Address Principal Place of Business 3420 W KENNEDY BLVD 3420 W KENNEDY BLVD TAMPA FL 33609-2906 **ÍAMPA FL 33609** 3. Mailing Address 2. Principal Place of Business

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90058 014 ***150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		FEI Number	59-3243448	}	 -+	Applied For
Zip Country		Zip	Zip Country		Cartificate of Status Desired \$8		\$8.75 A		
	6. Name and Address of Curr	rent Registered Agent			Name and Ad	Idress of New Re	egistered		<u> </u>
	U. Rame and Address of Con-	ent riogistorea Agent	N:	ame			<u> </u>		
SHORT, PAUL R 7522 N 40TH ST				Street Address (P.O. Box Number is Not Acceptable)					
TAME	PA FL 33604	ļ				•			
				City FL Zip Code					
8. The above	named entity submits this stateme	ent for the purpose of changing	its registered of	ffice or registered a	gent, or both, i	in the State of Flo	rida.		
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (N	OTE: Registered Age	nt signature required when	reinstating)		DATE		_
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 I Make Check Payable t				be \$550.00	(on Campaign Fin Fund Contribution		\$5 \(\) Add	.00 May Be ded to Fees
11.	OFFICERS A	AND DIRECTORS	12.	A	DDITIONS/CH	ANGES TO OFF	CERS AN	ID DIRECTO	DRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLEN, ROY 3420 W KENNEDY BLVD TAMPA FL 33609	☐ Delete	TITLE NAME STREET AD CITY-ST-Z					☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-7	i				☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2		See and Section			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2	1				☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2	J.				☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	i i		7		☐ Chang	e 🔲 Addition

13. 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 regulred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE: