2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P94000089308** 1. Entity Name SHAPE-UP HAIR DESIGNS INC. Mailing Address Principal Place of Business 1710 W. HWY 44 K-MART PLAZA 1710 W. HWY 44 K-MART PLAZA NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

3. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

Country

12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

Delete

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2. Principal Place of Business

HAWKINS, SCHERRY J

1710 W. HWY 44 K-MART PLAZA NEW SMYRNA BEACH FL 32168

9. This corporation is eligible to satisfy its Intangible

HAWKINS, HARRY C J

976 LAKE ASHBY ROAD

NEW SMYRNA BEACH FL

Tax filing requirement and elects to do so.

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

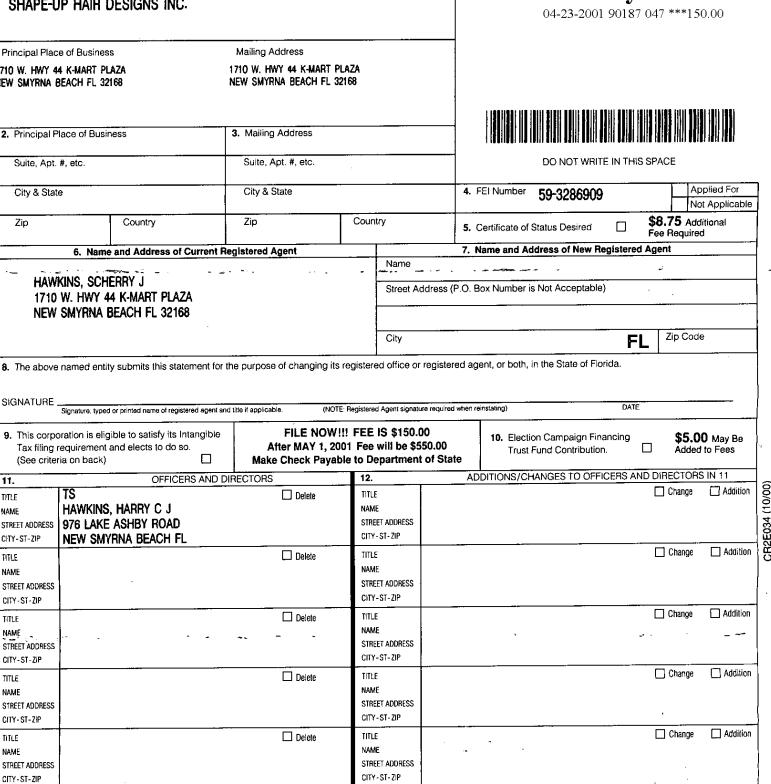
CITY-ST-ZIP

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CITY-ST-ZIP

Apr 23, 2001 8:00 am Secretary of State



☐ Change

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

STREET ADDRESS CITY-ST-ZIP

HAWKINS JR 4-17.01 386-428-4170 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO