## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000002122**

1. Entity Name

APOLLO HAIR SYSTEMS OF PINELLAS COUNTY, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90419 044 \*\*\*163.75

				VO WE 1					
Principal Place of Business 7713 ULMERTON RD. LARGO FL 33771			Mailing Address 7713 ULMERTON RD. LARGO FL 33771 US			1 1882/884 (18 1848) BAYN BAYN 8840 (			11010 1101 1 <b>0</b> 01
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			1 5953294842			pplied For ot Applicable
	Country	33	171	Country	5.	Certificate of Status Desired		<b>8.75</b> Ad	ditional
6. Name and Address of Current Registered Agent					7.	Name and Address of New Reg	istered Ag	jent	
THOMAS				Name					
ERTON RD	).		Street Address			s (P.O. Box Number is Not Acceptable)			
_ 34641-451	74			City				عند العند	No A
								337	7/
named entiticions of regis	y submits this statemen tered agent.	t for the purp	ose of changing its	s registered office or regi	stered ag	gent, or both, in the State of Floric	la. I am far	niliar with,	and accept
Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NO	E: Registered Agent signature req	uired when r	einstating)	DATE	<u>.</u>	
May 1, 200	03 Fee will be \$550.0		11				icing		00 May Be
Payable to					_				
0	OFFICERS AN	ND DIRECTO		11.	AE	DDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11
MACKES, 7713 ULM	erton RD.		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-2IP			[	□ Change	☐ Addition
	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE				Change	☐ Addition
r				STREET ADDRESS CITY-ST-ZIP					
			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		_		Addition
	<u>,</u>		☐ Delete	TITLE NAME STREET ADDRESS		*****		☐ Change	Addition
		, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		] Change	☐ Addition
•			☐ Delete	TITLE NAME		<u></u>	C	] Change	Addition
	THOMAS CERTON RD. 34641-45  Signature, typed RLE NOW!! May 1, 200 Payable to D MACKES, 7713 ULM	COUNTRY  6. Name and Address of Curre  Country  6. Name and Address of Curre  THOMAS J ERTON RD.  34641-4574  named entity submits this statementions of registered agent.  Signature, typed or printed name of registered agent.  Signature of the country of the co	ON RD. 7713 LARG US Place of Business #, etc. Suite Country 33 6. Name and Address of Current Registers THOMAS J ERTON RD 34641-4574  named entity submits this statement for the purpions of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purpions of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purpions of the purpions of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purpions of the purping of the pur	ON RD. 7711  LARGO FL 33771 US  Place of Business  3. Mailing Address #, etc.  City & State  Country  33 77/ 6. Name and Address of Current Registered Agent  THOMAS J  ERTON RD. 34641-4574  named entity submits this statement for the purpose of changing its ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOT)  MAY 1, 2003 Fee will be \$550.00  CPayable to Florida Department of State  OFFICERS AND DIRECTORS  D  MACKES, THOMAS J 7713 ULMERTON RD. LARGO FL 33771  Delete	Mailing Address ON RD. 1713 ULMERTON RD. 1ARGO FL 33771 US Place of Business   3. Mailing Address   1. Mailing Add	Mailing Address ON RD.  Tril SUMERTON RD.  LARGO FL 33771 US  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  Country  6. Name and Address of Current Registered Agent  TriOMAS J  ERTON RD.  34641-4574  City  City  named ontity submits this statement for the purpose of changing its registered office or registered agent of registered agent of registered agent.  RLE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 It Payable to Florida Department of State  OFFICERS AND DIRECTORS  D  MACKES, THOMAS J  Tril SUMERTON RD.  LARGO FL 33771  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  Delete	Mailing Address ON RD. 771 UMERTON RD. LARGO FL 3371 US  Place of Business  3. Mailing Address #, etc.  Suita, Apt. #, etc.  Country  33 77/ Country  5. Certificate of Status Desired  Country  6. Name and Address of Current Registered Agent  Namo  THOMAS J ERTON RD. 34641-4574  City  Paramed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floric lors of registered agent.  Provided agent.  Provided registered Agent signature required whom relateding.  Provided Department of State  Provided Department of State  11. ADDITIONS/CHANGES TO OFFICE  MAKE STREET ADDRESS CITY- ST 2P  Delete  TITLE NAME STREET	Thomas of registered agent and the purpose of changing its registered agent, or both, in the State of Forice, I am factors of registered agent and the purpose of changing its registered Agent spralue registered agent, or both, in the State of Forice, I am factors of registered agent and the purpose of changing its registered Agent spralue registered agent, or both, in the State of Forice, I am factors of registered agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent agent and the purpose of changing its registered agent agent agent and the purpose of changing its registered agent agent agent agent and the purpose of changing its registered agent age	Majaring Address N RD. 713 UMERTON RD. LARGO FL 33711 US  105  105  105  105  105  105  105  10

indicated on this report or supplied with this liling 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2003 (727) 536-4247