2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90460 018 ***150.00

DOCUMENT # P95000015579

1. Entity Name
GOLDEN YEARS SALON SERVICES, INC.

Principal Place of Business	Mailing Address
955 S CONGRESS AVENUE #117 DELRAY BEACH FL 33445	955 S CONGRESS AVENUE #117 DELRAY BEACH FL 33445

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
955 SOUTH CONGRESS AVENUE	955 SOUTH CONGRESS AVENUE
Suite, Apt. #, etc.: SUITE 117, BUILDING B	Suite, Apt. #, etc.: SUITE 117, BUILDING B
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. FEI Number 65-0561875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADLER, MITCHELL D
2021 TYLER STREET
HOLLYWOOD FL 33020

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 ____________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NODEN, ANN 955 S CONGRESS AVENUE DELRAY BEACH FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Ann Noden REQUIRED 4-17-03 561 272 9272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #